

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90595 035 ****61.25

0076571

DOCUMENT # 769431

1. Entity Name

PINEHURST ASSOCIATION, INC.

Principal Place of Business

C/O ADVANCED MANAGEMENT OF SW FL. INC.
 5899 WHITFIELD AVE., SUITE 107
 SARASOTA FL 34243
 US

Mailing Address

5899 WHITFIELD AVE
 SUITE 107
 SARASOTA FL 34243
 US

C0021017



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0156104

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADVANCED MANAGEMENT OF SOUTHWEST FLA INC
5899 WHITFIELD AVE STE 107
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LORGE, GREG	
STREET ADDRESS	7307 ELEANOR CIR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	THEISS, DAVID	
STREET ADDRESS	7273 ELEANOR CIR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FISHER, DONALD	
STREET ADDRESS	6936 COUNTRY LAKES CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, BARRY	
STREET ADDRESS	7287 ELEANOR CIR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KEMPSKI, RAY	
STREET ADDRESS	4950 OAK RUN DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD MILIANO	
STREET ADDRESS	7289 ELEANOR CIR	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. FRED KIXMILLER	
STREET ADDRESS	5070 OAK RUN DR	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAIR SCHEWE	
STREET ADDRESS	5054 OAK RUN DR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY GOLDSTEIN	
STREET ADDRESS	7287 ELEANOR CIR	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL WICKS	
STREET ADDRESS	4884 OAK RUN DR	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-01 941-358-8548
 Date Daytime Phone #

CR2E037 (10/00)