
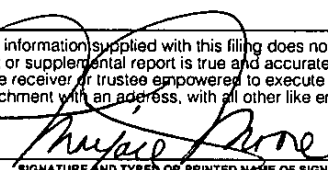


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90147 004 ****61.25

DOCUMENT # 769431					
1. Entity Name PINEHURST ASSOCIATION, INC.					
Principal Place of Business CMR PROPERTY MANAGEMENT 40 SARASOTA CENTER BLVD, # 108 A SARASOTA, FL 34240 US			Mailing Address CMR PROPERTY MANAGEMENT 40 SARASOTA CENTER BLVD, # 108 A SARASOTA, FL 34240 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MELENDY, DONNIE P 40 SARASOTA CENTER BLVD # 108 A SARASOTA, FL 34240				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPT D	<input type="checkbox"/> Delete		TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHEWE, BLAIR			NAME	Marge Moore
STREET ADDRESS	5054 OAK RUN DR			STREET ADDRESS	7292 Eleanor Circle
CITY-ST-ZIP	SARASOTA, FL 34243			CITY-ST-ZIP	Sarasota, FL 34243
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANPHEAR, PAUL			NAME	Don Fisher
STREET ADDRESS	7287 ELEANOR CIR			STREET ADDRESS	6936 Country Lakes Circle
CITY-ST-ZIP	SARASOTA, FL 34243			CITY-ST-ZIP	Sarasota, FL 34243
TITLE	VPT SD	<input type="checkbox"/> Delete		TITLE	
NAME	ERLENMEYER, NANCY			NAME	
STREET ADDRESS	5056 OAK RUN DR			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34243			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	RUCKLE, SHARON			NAME	
STREET ADDRESS	7303 ELEANOR CIR.			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34243			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				3/27/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	