2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State 04-26-2007 90194 045 ****61.25

DO	CUMEN	T # 76	39431	 	
	COMEN	1 # / (15 4 51		

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 - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02262007 Ch	g-NP	CR2E037	(12/06)	
City & State		City & State				4. FEI Number Applied For 65-0156104 Not Applicable				
Zip	Country	Zip		Country		5. Certificate of Sta	atus Desired		8.75 Addi e Required	
	6. Name and Address of Current	Registere	d Agent			7. Name and Add	ess of New R	egistered Ag	ent	
MELENDY	DONNIE P			Name						
MELENDY, DONNIE P 40 SARASOTA CENTER BLVD # 108 A			Street Address			(P.O. Box Number is Not Acceptable)				
SARASOT	A, FL 34240					F ∎ Zip Code				
				City				FL	Zip Code	1
	named entity submits this statement for ions of registered agent.	or the purp	ose of changing its re	gistered office or	register	ed agent, or both, in	the State of Fig	orida. I am far	miliar with, a	and accept
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SIGNATURE .		4 and here 4 and	diam'r (NOTE C					DATE		
	Signature, typed or printed name of registered agen	and the it app	NOTE: F	legistered Agent signatu	re required	when reinstating)		UAIE		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
	-									
10.	-	IRECTORS	Trust Fund Co				Flor	rida Departn	nent of St	ate
10.	OFFICERS AND D	IRECTORS	Trust Fund Co	ntribution.		Added to Fees	Flor	rida Departn	nent of St	ate
TITLE NAME	OFFICERS AND D VPT SCHEWE, BLAIR	IRECTORS	Trust Fund Co	11. TITLE NAME		Added to Fees	Flor	rida Departn	CTORS IN	10
TITLE NAME STREET ADDRESS	OFFICERS AND D VPT SCHEWE, BLAIR 5054 OAK RUN DR	IRECTORS	Trust Fund Co	TITLE NAME STREET ADDRESS		Added to Fees	Flor	rida Departn	CTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D VPT SCHEWE, BLAIR 5054 OAK RUN DR SARASOTA, FL 34243	IRECTORS	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		Added to Fees	Flor	rida Departn	CTORS IN Change	tO Addition
TITLE NAME STREET ADDRESS	OFFICERS AND D VPT SCHEWE, BLAIR 5054 OAK RUN DR	IRECTORS	Trust Fund Co	TITLE NAME STREET ADDRESS		Added to Fees	Flor	rida Departn	CTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D VPT SCHEWE, BLAIR 5054 OAK RUN DR SARASOTA, FL 34243 PD	IRECTORS	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Added to Fees	Flor	rida Departn	CTORS IN Change	tO Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D VPT SCHEWE, BLAIR 5054 OAK RUN DR SARASOTA, FL 34243 PD LANPHEAR, PAUL	IRECTORS	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Added to Fees	Flor	rida Departn	CTORS IN Change	tO Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2007 OFFICERS AND D VPT SCHEWE, BLAIR 5054 OAK RUN DR SARASOTA, FL 34243 PD LANPHEAR, PAUL 7287 ELEANOR CIR SARASOTA, FL 34243 VPD	IRECTORS	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE		Added to Fees	Flor	RS AND DIRE	CTORS IN Change	tO Addition
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12. I hereby certify that the information supplied with this filting 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayume Phone ●