


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90113 009 ****61.25

DOCUMENT # N03000006696					
1. Entity Name PINEHURST AT STRATFORD PLACE SECTION II RESIDENTS' ASSOCIATION, INC.					
Principal Place of Business C/O INTEGRATED PROPERTY MGMT 3435 10TH ST N, #201 NAPLES, FL 34103			Mailing Address C/O INTEGRATED PROPERTY MGMT 3435 10TH ST N, #201 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		03242008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-0298468	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAMOUCÉ, ROBERT C 5405 PARK CENTRAL CT. NAPLES, FL 34109			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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	DP	<input checked="" type="checkbox"/> Delete	TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAJARSKI, PETER		NAME	Green, Eric	
STREET ADDRESS	916 HAMPTON CIR		STREET ADDRESS	964 Hampton Circle	
CITY-ST-ZIP	NAPLES, FL 341059		CITY-ST-ZIP	Naples, FL 34105	
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALLON, MICHAEL		NAME	Digiovanni, John	
STREET ADDRESS	896 HAMPTON CIR		STREET ADDRESS	944 Hampton Circle	
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP	Naples, FL 34105	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBOWSKE, EDMOND		NAME	Bobowski, Edmund	
STREET ADDRESS	1012 HAMPTON CIR.		STREET ADDRESS	1012 Hampton Circle	
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP	Naples, FL 34105	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Edmund T. Bobowski</i> EDMOND T. BOBOWSKI				3/28/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	