2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90463 010 ****61.25

DOCUMENT # N94000003946

1. Entity Name

PINEHURST VILLAGE SECTION TWO CONDOMINIUM ASSOCIATION, INC.

24073977

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
~~748 S. TAMIAMI TR~~ ~~OSPREY FL 34229~~	P.O. BOX 914 OSPREY FL 34229

2. Principal Place of Business	3. Mailing Address
C/O CMR PROPERTY MANAGEMENT	
Suite, Apt. #, etc.: 40 Sarasota Center Blvd #108A	Suite, Apt. #, etc.: Same
City & State: Sarasota, Fl	City & State
Zip: 34240 Country: USA	Zip Country

4. FEI Number: 65-0516374 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~MANASOTA MANAGEMENT SERVICES, INC~~ ~~748 S. TAMIAMI TR~~ ~~OSPREY FL 34229~~	Name: CMR Property Management Street Address (P.O. Box Number is Not Acceptable): Donnie B. Melendy CAM 40 Sarasota Center Blvd #108A City: Sarasota, Fl FL Zip Code: 34240

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: Donnie B. Melendy, CAM 4/1/04
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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T WACHENHEIM, RICHARD 7266 ELEANOR CIRCLE #201 SARASOTA FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Peters, James 7274 Eleanor Cir. #101 Sarasota, Fl 34243	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BREWER, JENNIFER 7254 ELEANOR CIRCLE SARASOTA FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PETERS, JAMES 7274 SLADMAN CIR SARASOTA FL 34237	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Treasurer~~ President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MAHER, OCEANA PO BOX 1418 TALLEVEST FL 34270	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KANTROWITZ, RUBERT 7254 ELEANOR CIRCLE #203 SARASOTA FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Secretar~~ Susan Dolinsk 7266 Eleanor Cl. #201 Sarasota, Fl 34243	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: James Peters 4/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003946

1. Entity Name
Pinehurst Village Section Two Condominium, Assn Inc.

DO NOT WRITE IN THIS SPACE

Attachment-
24603977
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o CMR Property Management	
Suite, Apt. #, etc. 40 Sarasota Center Blvd Unit 108A	Suite, Apt. #, etc. Same
City & State Sarasota, FL	City & State
Zip 34240 Country USA	Zip Country

4. FEI Number 65-0516374 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CMR Property Management, Inc

Street Address (P.O. Box Number is Not Acceptable): 40 Sarasota Center Blvd, Unit 108A

City: Sarasota FL Zip Code: 34240

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: Donnie P. Melendy 4/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	JAMES PETERS
STREET ADDRESS	7274 ELEANOR CIRCLE #101
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	VP
NAME	Oceana Maher
STREET ADDRESS	P.O. BOX 1418
CITY-ST-ZIP	Tallevast, FL 34270
TITLE	T
NAME	JENNIFER BREWER
STREET ADDRESS	7254 ELEANOR CIRCLE #201
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	D
NAME	CATHY WILLIAMS
STREET ADDRESS	7472 ELEANOR CIRCLE #201
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	S
NAME	SUSAN GOLINICK
STREET ADDRESS	7266 ELEANOR CIRCLE #202
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #