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

Secretary of State DOCUMENT # N94006003946 05-10-2004 90463 010 ****61.25 PINEHURST VILLAGE SECTION TWO CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 914 OSPREY FL 34229 748 S. TAMIAMI TR OSPREY Pt. 34229 24073977 2., Principal Place of Business Mailing Address COCMR PROPERTY MANAGEMENT Suite, Apt. #, et CR2E037 (11/03) MOORE 10 Sasasots Center Bles City & State Applied For City & State 4. FEI Number 65-0516374 arasota Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Em & Oropesty Managem MANASOTA MANAGEMENT SERVICES, INC. 748 S. TAMIAMI TR OSPREY-FL 34229 #108A 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGE TO OFFICERS AND DIRECTORS IN 10 resident TITLE D Delete TITLE -**IZÍ**_Chance WACHENHEIM, RICHARD eters, James C1, #101 NAME NAME 7266 ELEANOR CIRCLE #201 STREET ADDRESS STREET ADDRESS SARASOTA FL 34243 CITY-ST-ZIP CITY-ST-ZIP FD 34243 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BREWER, JENNIFER NAME 7254 ELEANOR CIRCLE STREET ADDRESS STREET ADDRESS SARASOTA FL 34243 CITY-ST-ZIP CITY-S1-ZIP the war TITLE Delete TITLE Change ☐ Addition PETERS, JAMES NAME NAME 7274 SLADMAN CIR STREET ADDRESS STREET ADDRESS SARASOTA FL 34237 CITY-ST-7IP CITY-ST-ZIP V. President TITLE Change 🗔 Delete TITLE ☐ Addition MAHER, OCEANA PO BOX 1418 STREET ADDRESS STREET ADDRESS TALLEVEST FL 34270 CITY-ST-ZIP CITY-ST-ZIP Addition TILE Delete TITLE Change KANTROWITZ, RUBERT HAME NAME 7254 ELEANOR CIRCLE #203 Eleanor C1. #201 STREET ADDRESS STREET ADDRESS SARASOTA FL 34243 CITY-ST-718 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ 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 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:

FILED

May 10, 2004 8:00 am

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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UNIFURIN BUSINES	99 REPURT	(NBN)					
DOCUMENT # N9400000 1. Entity Name Pine hurs + Village Se							
Condominium, ASSN -							
and the state of t					AHO 2461	lan	el-
DO NOT WRITE	IN THIS SP	ALE					
Principal Place of Business 3. Mailing Address				•	24/1/	12017	7
Suite, Apt. #, etc. Suite, Apt. #, etc.				ν	<i>y,</i>	,	•
40 Sarasofa Center Blud Unit		3m			DO NOT WRITE IN	THIS SPACE	
Sarasota, FL	City & State			4. FEI Number	16374	_	Applied For Not Applicable
Zip Country	Zip	Country		5. Certificate of St			Additional
34240 USA		Miles Committee	7.	Name and Addre	ss of Current Reg	Fee Re	<u> </u>
a 1868 to Carlo to Carlo Salar s		Name (CMR-	Propert	y Manag	mail.	Inc -
DO NOT WE	2000年1月2日 日本日本	Street Ac		O. Box Number is:	vor Acceptable)		
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The above named entity submits this statement for the obligations of registered agent.	he purpose of changing its r				the state of Florida	. I am familiar v	
M congenius of regional agent.	, 1 1				. /	1.	
SIGNATURE P. 1	nelevely				4/30/	104	
Signature, Typed or printed name of registered agent and	title if applicable. (NOTE.	Registered Agent signatu	ure required wit	nen reinstating)		DATÉ	
FEE IS \$61.25 Initial or Amended UBR	9. Election Cam Trust Fund Co			5.00 May Be dded to Fees	A CONTRACTOR OF THE PARTY OF TH	Check Paya Department	美元,在中国的国际
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NAME CATHY WILLIAMS	RCLE # 201	NAI/4E		IN I	THIS SE	ACE	
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HAME SUSAN GOILINICK STARTT ADDRESS 7266 ELEANOR C	IRCLE # 202	NAME STREET ADDRESS					
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CITY-ST-ZIP 12. I hereby certify that the information supplied with the	is filing does not qualify for t	CITY-ST-ZIP	red in Secti	on 119 07(3\ii) Fic	rida Statutes I fud	her certify that	the information
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.							

Date

Daytime Phone #