## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000

N9400003946 (0)

PINEHURST VILLAGE SECTION TWO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 7638 301 BLVD Mailing Address

## FILED Mar 11 1997 8:00am Secretary of State



7638 301 BLVD Sarasota Fl 34243		7638 301 BLVD SARASOTA FL 34243-3248								
					3. Date Incorpo 06/11/	rated or Qualified 1994	3a. Date	of Last R 3/13/19	eport 196	
	ace of Business	2a. Mailing Address			4. FEI Number		<del></del>	Ar	oplied For	
21		26			65-05	63/4		No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of	Status Desired	S8.75 Additional Fee Required			
City & State		City & State			6. Election Cam Trust Fund C	paign Financing ontribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip Country		ry	) '	8. This corporation has liability for intangible tax under s. 199.032,			. 199.032,	
24	9. Name and Address of Current		30 Florida Statutes Yes No  10. Name and Address of New Registered Agent							
	9. Name and Address of Coffent	vadisteten våent		1 Name	10, Name and A	OUISS OF NEW NO	Aistalan vă	9714		
CONIOL	IO CAMIEL III		Ľ							
CONIGLIO, SAMUEL III 7638 301 BLVD			8	82 Street Address (P.O. Box Number is Not Acceptable)						
			Ē	3		·······				
SARASU	TA FL 34243									
			6	4 City			FL	Zip	Code	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered										
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE _										
	Signature, typed or printed name of registered agent			gent signature	required when reinstating)	UANICES TO DESIG	DATE	PECTO	20 111 42	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/C	HANGES TO OFFIC		Change	RS IN 12 Addition	
TITLE NAME	CONIGLIO, SAMUEL III	LJ butte	1.1 11 L				_	j Change	1	
STREET ADDRESS	7638 301 BLVD			ET ADORESS						
CITY-ST-ZIP	SARASOTA FL 34243		•	-ST-ZIP					10	
TITLE	DV	DELETE	2.1 TITLE		······································		×	Change	Addition	
NAME	FREEMAN, JOSEPH	_	2.2 NAM	E			_	•	_	
STREET ADDRESS	189 WELLS AVE SUITE 4		2.3 STRE	ET ADDRESS	60 wells	Ave.				
CITY - ST - ZIP	NEWTON MA 02159		2. 4 CITY	-ST-ZIP			•			
TITLE	DST	☐ DELETE	3.1 TITLE				Ĺ	Change	☐ Addition	
NAME	CONIGLIO, CAROL		3.2 NAM	E						
STREET ADDRESS	7638 301 BLVD		3.3 \$TRE	ET ADDRESS					j	
CITY - ST - ZIP	SARASOTA FL 34243			-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE		J		L	Change	☐ Addition	
NAME			4 2 NAN							
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY 5.1 TITLE				r	Change	Addition	
NAME	n ⊿♥ <sup>*</sup>		5.1 HILL				<b>-</b>	1 Currentin	- Anothor	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			5.4 CITY							
TITLE		DELETE	6.1 TITU	···				Change	Addition	
NAME			6.2 NAM				<del></del>	-		
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			6.4 CITY						į	
14. I do hereb	by certify that the information supplied		ly for the ex	emption s						
I am an of	n indicated on this annual report or su ficer or director of the corporation or to n Block 12 or Block 13 if changed, or i	he receiver or trustee empow	ered to exi							