

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723490

**Entity Name:** PINEHURST VILLAGE, INC.

**Current Principal Place of Business:**

7300 PARK STREET  
SEMINOLE, FL 33777

**Current Mailing Address:**

7300 PARK STREET  
SEMINOLE, FL 33777

**FEI Number:** 59-1577811

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RABIN, BEN  
28163 US HWY 19  
SUITE 207  
CLEARWATER, FL 33761 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ASST. TREASURER  
Name JONES, ROGER  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title PRESIDENT  
Name GODBOUT, DAVID  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name KAREN, HAMMERS  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title VP  
Name BLOCHER, ROBERT  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name BAKER, JAMES  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name CARLTON, JERRY  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR  
Name CHORBA, MARIANNE  
Address 7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID GODBOUT

**PRESIDENT**

**04/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date