

**2019 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           PRESIDENT  
Name           BLOCHER, BOB  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

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

Title           DIRECTOR  
Name           TRUZAK, WILLIAM  
Address        7300 PARK STREET N  
City-State-Zip: SEMINOLE FL 33777

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

Title           SECRETARY  
Name           TURNER, NANCY  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

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

Title           DIRECTOR  
Name           SEBALD, JAN  
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:** BOB BLOCHER

**PRESIDENT**

**04/15/2019**

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

\_\_\_\_\_  
Date