

**2014 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

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC7895358377**

*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            VP  
Name            BERKE, KAREN  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

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

Title            DIRECTORY  
Name            BOSHER, RICHARD  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

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

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

Title            TREASURER  
Name            SHOULTA, STEWART  
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**

**04/17/2014**

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

\_\_\_\_\_  
Date