

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769431

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

**Current Principal Place of Business:**

CMR PROPERTY MANAGEMENT  
40 SARASOTA CENTER BLVD 108A  
SARASOTA, FL 34240

**Current Mailing Address:**

CMR PROPERTY MANAGEMENT  
40 SARASOTA CENTER BLVD 108A  
SARASOTA, FL 34240 US

**FEI Number:** 65-0156104

**Certificate of Status Desired:** No

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

MELENDY, DONNIE P  
CMR PROPERTY MANAGEMENT  
40 SARASOTA CENTER BLVD 108A  
SARASOTA, FL 34240 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:** DONNIE P MELENDY

04/22/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           RIGGS, ART  
Address        CMR PROPERTY MANAGEMENT  
                  40 SARASOTA CENTER BLVD 108A  
City-State-Zip: SARASOTA FL 34240

Title           VP  
Name           FORD, MICHAEL  
Address        CMR PROPERTY MANAGEMENT  
                  40 SARASOTA CENTER BLVD 108A  
City-State-Zip: SARASOTA FL 34240

Title           PRESIDENT  
Name           CLARK, KEN  
Address        CMR PROPERTY MANAGEMENT  
                  40 SARASOTA CENTER BLVD 108A  
City-State-Zip: SARASOTA FL 34240

Title           SECRETARY  
Name           TROPPEMAN, LISA M  
Address        CMR PROPERTY MANAGEMENT  
                  40 SARASOTA CENTER BLVD 108A  
City-State-Zip: SARASOTA FL 34240

Title           MANAGER  
Name           MELENDY, DONNIE P  
Address        CMR PROPERTY MANAGEMENT  
                  40 SARASOTA CENTER BLVD 108A  
City-State-Zip: SARASOTA FL 34240

*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:** DONNIE P MELENDY

MANAGER

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date