

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711320

FILED
Jan 16, 2007
Secretary of State

Entity Name: PINEHURST CONDOMINIUM, INC.

Current Principal Place of Business:

1100 HOMESTAED RD N
LEHIGH ACRES, FL 33936 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 159
LEHIGH ACRES, FL 33970 US

New Mailing Address:

FEI Number: 59-1286160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
C/O PAVESE, GARNER, HAVERFIELD ET AL
1833 HENDRY ST
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PYLE, JOHN
Address: 194 JOEL BLVD APT #3
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: VP () Delete
Name: LEMUS, MARTHA
Address: 194 JOEL BLVD APT # 7
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: ST () Delete
Name: BALLANCE, JANICE
Address: 194 JOEL BLVD APT # 1
City-St-Zip: LEHIGH ACRES, FL 33972 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BALLANCE, JANICE
Address: 194 JOEL BLVD APT #1
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: VP (X) Change () Addition
Name: O'HEARN, CHARLES
Address: 194 JOEL BLVD APT # 4
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: ST (X) Change () Addition
Name: LEMUS, MARTHA
Address: 194 JOEL BLVD APT # 7
City-St-Zip: LEHIGH ACRES, FL 33972 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANICE BALLANCE

P

01/16/2007

Electronic Signature of Signing Officer or Director

Date