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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750310 (5)
1. Corporation Name
PINEHURST OF BROWARD COUNTY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O MIKE MANGURIAN
5970 N.E. 18TH AVE. #711
FT. LAUDERDALE FL 33334
C/O MIKE MANGURIAN
5970 N.E. 18TH AVE. #711
FT. LAUDERDALE FL 33334-5997

3. Date Incorporated or Qualified 12/20/1979
3a. Date of Last Report 02/22/1996
4. FEI Number 84-0611917
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
MANGURIAN, MIKE
5970 N.E. 18TH AVE.
SUITE 711
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VDT	<input type="checkbox"/> DELETE
NAME	MANGURIAN, PIERCE	
STREET ADDRESS	P.O. BOX 3480 N/A	
CITY-ST-ZIP	PAGOSA SPRINGS FL CO	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANGURIAN, MICHAEL	
STREET ADDRESS	3015 N.E. 50TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHENK, JOHN	
STREET ADDRESS	302 8TH STREET, SUITE 310	
CITY-ST-ZIP	GLENWOOD SPRINGS CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MANGURIAN PIERCE	
1.3 STREET ADDRESS	PO BOX 3480 N/A	
1.4 CITY-ST-ZIP	PAGOSA SPRINGS, CO	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MANGURIAN MICHAEL	
2.3 STREET ADDRESS	5970 N.E. 18th Ave #711	
2.4 CITY-ST-ZIP	FT LAUDERDALE FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MANGURIAN, DONNA	
4.3 STREET ADDRESS	5970 NE 18TH AVE #711	
4.4 CITY-ST-ZIP	FT LAUDERDALE FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mike Mangurian / MIKE MANGURIAN 3/5/97 954 772 8686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037645

CR2E037 (9/96)