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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 750310

1. Corporation Name

PINEHURST OF BROWARD COUNTY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O MIKE MANGURIAN
 5970 N.E. 18TH AVE., #711
 FT. LAUDERDALE FL 33334

Mailing Address

C/O MIKE MANGURIAN
 5970 N.E. 18TH AVE., #711
 FT. LAUDERDALE FL 33334



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

12/20/1979

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VDT DELETE
 NAME MANGURIAN, PIERCE
 STREET ADDRESS P.O. BOX 3460 N/A
 CITY-ST-ZIP PAGOOSA SPRGS CO

TITLE PD DELETE
 NAME MANGURIAN, MICHAEL
 STREET ADDRESS 5970 NE 18TH AVE 711
 CITY-ST-ZIP FT. LAUDERDALE FL

TITLE S DELETE
 NAME SCHENK, JOHN
 STREET ADDRESS 302 8TH STREET, SUITE 310
 CITY-ST-ZIP GLENWOOD SPRINGS CO

TITLE D DELETE
 NAME MANGURIAN, DONNA
 STREET ADDRESS 5970 NE 18TH AVE 711
 CITY-ST-ZIP FT LAUDERDALE FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P.O. Box 1446
 Kerrville, TX 78028

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Michael Mangurian* REGISTERED AGENT MANGURIAN 2/3/99 954-772-8686
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)