

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750310

1. Entity Name

PINEHURST OF BROWARD COUNTY CONDOMINIUM ASSOCIAT

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90026 037 ****61.25

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

RU010003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

84-0611917

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANGURIAN, MIKE
 5970 N.E. 18TH AVE.
 SUITE 711
 FT. LAUDERDALE FL 33334

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VDT Delete
 NAME MANGURIAN, PIERCE
 STREET ADDRESS P.O. BOX 1446
 CITY-ST-ZIP KERRVILLE TX 70026

Change Addition
 TITLE NAME
 STREET ADDRESS P.O. Box 3520
 CITY-ST-ZIP Pagosa Springs, Co. 81147

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

Change Addition
 TITLE NAME
 STREET ADDRESS P.O. Box 16307
 CITY-ST-ZIP Pompano Beach, FL 33061

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

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Change Addition
 TITLE NAME
 STREET ADDRESS P.O. Box 10307
 CITY-ST-ZIP Pompano Beach, FL 33061

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mike Mangurian
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00

772-8686

Date

Daytime Phone #