
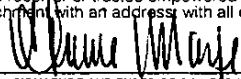


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90271 036 ****61.25

| | | | | | |
|--|---------------------------------|--|---|--|--|
| DOCUMENT # N00417 1. Entity Name PINEHURST CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 489 TALLWOOD STREET B-1 MARCO ISLAND, FL 34145 US | | | Mailing Address P.O. BOX 204 MARCO ISLAND, FL 34146 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2536535 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| GEWIRTZ, JOEL CPA 561 BALD EAGLE DRIVE MARCO ISLAND, FL 34145 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | SD <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | QUINTON, MARY | | NAME | Newell, Michael | |
| STREET ADDRESS | 489 RALLWOOD B-5 | | STREET ADDRESS | PO Box 1554 | |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 | | CITY-ST-ZIP | Marco Island, FL 34146 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete | TITLE | TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WRIGHT, DONNA | | NAME | Walton, Glenn | |
| STREET ADDRESS | 493 TALLWOOD ST A-3 | | STREET ADDRESS | 1293 6th Ave. | |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 | | CITY-ST-ZIP | Marco Island, FL 34145 | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MAYRIDES, ELAINE | | NAME | | |
| STREET ADDRESS | 489 TALLWOOD ST B1 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  ELAINE MAYRIDES | | | Date: 4/11/05 (04) 642566 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |