



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2005 90558 015 ****61.25

DOCUMENT # N03000004120																																																																																																																																																					
1. Entity Name PINEHURST AT STRATFORD PLACE SECTION I RESIDENTS' ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business C/O PULTE HOME CORPORATION 9148 BONITA BEACH ROAD STE 102 BONITA SPRINGS, FL 34135			Mailing Address C/O PULTE HOME CORPORATION 9148 BONITA BEACH ROAD STE 102 BONITA SPRINGS, FL 34135																																																																																																																																																		
2. Principal Place of Business c/o Integrated Property Mgmt. Suite, Apt. #, etc. 3435 - 10th Street N., #201 City & State Naples, FL Zip 34103		3. Mailing Address c/o Integrated Property Mgmt. Suite, Apt. #, etc. 3435 - 10th Street N., #201 City & State Naples, FL Zip 34103																																																																																																																																																			
4. FEI Number 20-0298419				03282005 Chg-NP CR2E037 (10/03)																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																																																																																																																																																	
6. Name and Address of Current Registered Agent STACKHOUSE, EDWIN D C/O PULTE HOME CORPORATION 9148 BONITA BEACH ROAD STE 102 BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name Shields, Christopher J. Street Address (P.O. Box Number is Not Acceptable) 1833 Hendry Street City PO Drawer 1507 Ft. Myers FL Zip Code 33902																																																																																																																																																		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 45%; text-align: right;"> 4/13/05 DATE </div> </div>																																																																																																																																																					
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																																																																																																																																																					
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/11/05 212-476-4390 Date Daytime Phone #																																																																																																																																																	