

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004120

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** PINEHURST AT STRATFORD PLACE SECTION I RESIDENTS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O JASON MIKES  
999 VANDERBILT BEACH RD STE 501  
NAPLES, FL 34108

**New Principal Place of Business:**

C/O ACMS  
1926 TRADE CENTER WAY, #2  
NAPLES, FL 34109

**Current Mailing Address:**

C/O JASON MIKES  
999 VANDERBILT BEACH RD STE 501  
NAPLES, FL 34108

**New Mailing Address:**

C/O ACMS  
PO BOX 111851  
NAPLES, FL 34108

**FEI Number:** 20-0298419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIKES, JASON  
999 VANDERBILT BEACH RD STE 501  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: PHIPPS, CHAD  
Address: 1248 OXFORD LN.  
City-St-Zip: NAPLES, FL 34105

Title: DVP  
Name: YACULLO, JACK  
Address: 1072 OXFORD LN.  
City-St-Zip: NAPLES, FL 34105

Title: DST  
Name: SOHAIL, SHAZIA  
Address: 1224 OXFORD LN  
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHAD PHIPPS

P

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date