

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006696

FILED
Mar 30, 2009
Secretary of State

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

Current Principal Place of Business:

C/O INTEGRATED PROPERTY MGMT
3435 10TH ST N, #201
NAPLES, FL 34103

New Principal Place of Business:

C/O ASSOCIATION CONSULTING & MGMT SERVICES
1661 TRADE CENTER WAY, SUITE 2
NAPLES, FL 34109

Current Mailing Address:

C/O INTEGRATED PROPERTY MGMT
3435 10TH ST N, #201
NAPLES, FL 34103

New Mailing Address:

C/O ACMS
PO BOX 111851
NAPLES, FL 34108

FEI Number: 20-0298468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMOUCÉ, ROBERT C
5405 PARK CENTRAL CT.
NAPLES, FL 34109 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: DST () Delete
Name: GREEN, ERIC
Address: 964 HAMPTON CIR
City-St-Zip: NAPLES, FL 34105

Title: DVP () Delete
Name: DIGIOVANNI, JOHN
Address: 944 HAMPTON CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: DP () Delete
Name: BOBOWSKI, EDMOND
Address: 1012 HAMPTON CIR.
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: MILLAR, SIMON
Address: 1036 HAMPTON CIR
City-St-Zip: NAPLES, FL 34105

Title: DST (X) Change () Addition
Name: DIGIOVANNI, JOHN
Address: PO BOX 770612
City-St-Zip: NAPLES, FL 34105

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDMUND BOBOWSKI

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date