

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

DOCUMENT# N03000006696

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

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

C/O ASSOCIATION CONSULTING & MGMT SERVICES  
1926 TRADE CENTER WAY, SUITE 2  
NAPLES, FL 34109

**Current Mailing Address:**

C/O ACMS  
PO BOX 111851  
NAPLES, FL 34108

**New Mailing Address:**

**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: DVP  
Name: MILLAR, SIMON  
Address: 1036 HAMPTON CIR  
City-St-Zip: NAPLES, FL 34105

Title: DST  
Name: DIGIOVANNI, JOHN  
Address: PO BOX 770612  
City-St-Zip: NAPLES, FL 34105

Title: DP  
Name: BOBOWSKI, EDMUND  
Address: 1012 HAMPTON CIR.  
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: EDMUND BOBOWSKI

P

02/17/2010

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

\_\_\_\_\_  
Date