
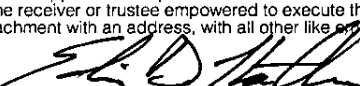


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90217 034 \*\*\*\*61.25

<b>DOCUMENT # N03000009602</b>					
<b>1. Entity Name</b> PINEHURST AT STRATFORD PLACE SECTION III RESIDENTS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O PULTE HOME CORPORATION 9148 BONITA BEACH RD STE 102 BONITA SPRINGS, FL 34135			<b>Mailing Address</b> C/O PULTE HOME CORPORATION 9148 BONITA BEACH RD STE 102 BONITA SPRINGS, FL 34135		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>94070909</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062004    Chg-NP    CR2E037 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 20-1636586	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  STACKHOUSE, EDWIN D C/O PULTE HOME CORPORATION 9148 BONITA BEACH RD STE 102 BONITA SPRINGS, FL 34135				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL    Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STACKHOUSE, EDWIN D 9148 BONITA BEACH RD STE 102 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEMPTON, JOHN S 9148 BONITA BEACH RD STE 102 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAY, LAURA 9148 BONITA BEACH RD STE 102 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			4-15-04    239. 478. 7711		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EDWIN D. STACKHOUSE			Date    Daytime Phone #		