

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90017 035 ****61.25

DOCUMENT # N03000009602			
1. Entity Name PINEHURST AT STRATFORD PLACE SECTION III RESIDENTS' ASSOCIATION, INC.			
Principal Place of Business C/O INTEGRATED PROPERTY MGMT 3435-10TH STREET N, # 201 NAPLES, FL 34103		Mailing Address C/O INTEGRATED PROPERTY MGMT 3435-10TH STREET N, # 201 NAPLES, FL 34103	
2. Principal Place of Business - No P.O. Box # 1661 Trade Ctr Way Suite, Apt. #, etc. # 2		3. Mailing Address PO Box 111851 Suite, Apt. #, etc.	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34109		Zip 34108	
Country		Country	
6. Name and Address of Current Registered Agent SAMOUCHE, ROBERT C 5405 PARK CENTRAL COURT NAPLES, FL 34109		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 12, 2008		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME DUNNIGAN, RONNIE STREET ADDRESS 788 HAMPTON CIRCLE CITY-ST-ZIP NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE DST NAME DEVONO, GUY STREET ADDRESS 851 HAMPTON CIRCLE CITY-ST-ZIP NAPLES, FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DST NAME CAIN, EILEEN STREET ADDRESS 831 HAMPTON CIRCLE CITY-ST-ZIP NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE DVP NAME (blank) STREET ADDRESS (blank) CITY-ST-ZIP (blank)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE (blank) NAME (blank) STREET ADDRESS (blank) CITY-ST-ZIP (blank)	<input type="checkbox"/> Delete	TITLE (blank) NAME (blank) STREET ADDRESS (blank) CITY-ST-ZIP (blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE (blank) NAME (blank) STREET ADDRESS (blank) CITY-ST-ZIP (blank)	<input type="checkbox"/> Delete	TITLE (blank) NAME (blank) STREET ADDRESS (blank) CITY-ST-ZIP (blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE (blank) NAME (blank) STREET ADDRESS (blank) CITY-ST-ZIP (blank)	<input type="checkbox"/> Delete	TITLE (blank) NAME (blank) STREET ADDRESS (blank) CITY-ST-ZIP (blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

40110323



05062008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-1036586

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**