

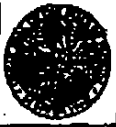
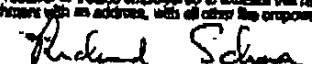
Aug. 21, 2006 10:09AM
06/20/2006 21:53 2395989987

ACMS

FILED
Aug 25, 2008 8:00 am
Secretary of State

06-06-2008 90014 027 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N05000006168			
1. Entity Name PINEHURST AT STRATFORD PLACE SECTION IV RESIDENTS' ASSOCIATION, INC.			
Principal Place of Business C/O ASBILITY MANAGEMENT INC 6312 TRAIL BLVD NAPLES, FL 34108 US		Mailing Address C/O ASBILITY MANAGEMENT INC PO BOX 770278 NAPLES, FL 34107 US	
2. Principal Place of Business - No P.O. Box # 1601 Trade Ctr Way Subtype, if any: 2		3. Mailing Address PO Box 111851 Subtype, if any: 2	
City & State Naples, FL		City & State NAPLES, FL	
Zip 34109		Zip 34108	
Country		Country	
4. FEI Number 20-1578738		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$2.75 Additional Fee Required		6. Certificate of Status Desired ☐ \$2.75 Additional Fee Required	
8. Name and Address of Current Registered Agent LIVELY, DENNIS 6312 TRAIL BLVD NAPLES, FL 34108		7. Mailing Address of New Registered Agent Name: Rob Samson Street Address (P.O. Box Number, if Not Applicable): 5405 PARK CENTRAL CT City: NAPLES FL Zip Code: 34109	
3. 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:  Rob Samson 8/21/08 Signature (Name or Printed Name of registered agent and title if applicable) (NOTE: Registered Agent signature required when submitting) Date			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP BOMBARD, CONY 1079 ALBANY COURT NAPLES, FL 34108	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP RICHARD SCHAA 1026 ALBANY CT NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD CARLO, GENE 1039 ALBANY COURT NAPLES, FL 34108	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP DEBORAH WESSMAN 1022 ALBANY CT NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP GONZALEZ, DELPHINE 1078 ALBANY COURT NAPLES, FL 34108	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 189, 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 in an attachment with an address, with all other the proposed.			
SIGNATURE:  Richard Schaa 7/22/08 513 505 6728		COUNTY AND ZIP CODE ON FRONT COVER OF ANNUAL REPORT OR DIRECTOR	