

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

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000010620

1. Entity Name
**PINEHURST SQUARE HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**3405 TIMBERLANE DRIVE
DELAND, FL 32720**

Mailing Address
**3405 TIMBERLANE DRIVE
DELAND, FL 32720**



03182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAROTTE, WILLIAM F
3405 TIMBERLANE DRIVE
DELAND, FL 32720**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	MGRM
NAME	MAROTTE, WILLIAM F
STREET ADDRESS	3405 TIMBERLANE DRIVE
CITY - ST - ZIP	DELAND, FL 32720

TITLE	MGRM
NAME	SHUMAN, JACK B
STREET ADDRESS	6119 LAKE WINONA RD.
CITY - ST - ZIP	DELEON SPRINGS, FL 32130

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000947100
05/30/08-80075-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #