

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010815

FILED
Mar 07, 2008
Secretary of State

Entity Name: PINEHURST ESTATES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

479 U.S. HWY 90 WEST
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

800 U.S. HWY 90 WEST
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

479 U.S. HWY 90 WEST
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

800 U.S. HWY 90 WEST
DEFUNIAK SPRINGS, FL 32433

FEI Number: 06-1727999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HURST, JANET S
479 US HWY 90 WEST
DEFUNIAK SPRINGS, FL 33433 US

Name and Address of New Registered Agent:

HURST, JANET S
800 US HWY 90 WEST
DEFUNIAK SPRINGS, FL 33433 US

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: JANET S HURST

03/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SZILVASY, JOYCE A
Address: 967 PINEWOOD DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: HURST, JANET
Address: PO BOX 231
City-St-Zip: PONCE DELEON, FL 32455

Title: D () Delete
Name: HURST, PATRICK
Address: PO BOX 231
City-St-Zip: PONCE DELEON, FL 32455

Title: D () Delete
Name: SZILVASY, GERALD
Address: 967 PINEWOOD DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOYCE A SZILVASY

D

03/07/2008

Electronic Signature of Signing Officer or Director

Date