

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

DOCUMENT# N06000010815

Entity Name: PINEHURST ESTATES OWNERS ASSOCIATION, INC.

FILED  
Mar 14, 2008  
Secretary of State  
**VOID**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

FILED IN ERROR  
NO CHANGES MADE FROM INITIAL REPORT

**Current Mailing Address:**

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

**New Mailing Address:**

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  
800 US HWY 90 WEST  
DEFUNIAK SPRINGS, FL 33433 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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

03/14/2008

Electronic Signature of Signing Officer or Director

Date