## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CORKERY, PAT

6382 W LEXINGTON DR

CRYSTAL RIVER, FL 34429

## Apr 26, 2007 8:00 am Secretary of State 04-26-2007 90209 035 \*\*\*\*61.25 DOCUMENT # N27291 PINEHURST VILLAGE PROPERTY OWNERS ASSOCIATION, INC. **4 ΠΛΟΟΆΛΑ** Principal Place of Business Mailing Address 6050 W GULF TO LAKE HWY PO BOX 2257 CRYSTAL RIVER, FL 34423 CRYSTAL RIVER, FL 34429 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 Chq-NP CR2E037 (12/06) Applied For City & State 4. FEI Numbe City & State 59-2973915 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOEHL, FREDERICK Street Address (P.O. Box Number is Not Acceptable) 6050 W GULF TO LAKE HWY CRYSTAL RIVER, FL 34429 Zip Code City 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Delete 9 D Addition TITLE TITLE MARY MCCREA 6233 W WESTON DE SHAUGHNESS, GEORGE NAME 6284 W WESTON DR STREET ADDRESS STREET ADDRESS CRYSTAL RIVER, FL 34429 CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER, FL 34429 ☐ Change **⊠** Delete TITLE Addition LORDAINE SAVINO MARHAN, LAWRENCE NAME NAME 6234 W LEXINGTON DR STREET ADDRESS 6240 W WESTON DR STREET ADDRESS CRYSTAL RIVER FL 34429 CITY-ST-ZIP CRYSTAL RIVER, FL 34429 CITY-ST-7tP PD **Change** Addition SD Delete TITI F TITLE MARTIN RAMS DELL MARTIN, RAMSDELL NAME NAME STREET ADDRESS STREET ADDRESS 6215 W LEXINGTON DR CRYSTAL RIVER, FL. 34429 Ciffy-Si-žiP CITY-ST-ZIP TITLE TD 🗶 Delete TITLE ☐ Change Addition MARGARET HARPER NAME CORALLO, JOAN NAME 6397 W LEXINGTON DR STREET ADDRESS STREET ADDRESS 6276 W LESINGTON DR CRYSTAL RIVER, FL 34429 CITY-ST-ZIP CRYSTAL RIVER, FL 34429 CITY-ST-71P Addition Delete TITLE

**FILED** 

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.

CITY-ST-ZIP

NAME

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

LUCY PONTIFF

6215 W LEXINGTON DR CRYSTAL RIVER, FL 34429

☐ Addition

per SIGNATURE: Mar