# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 08, 2009**
**Secretary of State**

DOCUMENT# N27291

**Entity Name:** PINEHURST VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6050 W GULF TO LAKE HWY
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2257
CRYSTAL RIVER, FL 34423

**New Mailing Address:**

**FEI Number: 59-2973915** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KOEHL, FREDERICK
6050 W GULF TO LAKE HWY
CRYSTAL RIVER, FL 34429 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: PD ( ) Delete
Name: JANUSZ, GENE
Address: 6285 W LEXINGTON DR
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: SD ( ) Delete
Name: SCHRADE, EVELYN
Address: 6283 W. WESTON DR
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D ( ) Delete
Name: BAKER, BABE
Address: 6270 W LEXINGTON DR.
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: TD ( ) Delete
Name: HARPER, MARGARET
Address: 6397 W. LEXINGTON DR.
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VPD ( ) Delete
Name: PONTIFF, LUCY
Address: 6125 W. LEXINGTON DR.
City-St-Zip: CRYSTAL RIVER, FL 34423

**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:

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: MARGARET HARPER T 03/08/2009

Electronic Signature of Signing Officer or Director — Date