


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90476 047 ****61.25

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DOCUMENT # N50856			
1. Entity Name PINEHURST VILLAGE, SECTION ONE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O CMR PROPERTY 40 SARASOTS CENTER DR. #108A SARASOTA, FL 34240 US		Mailing Address C/O CMR PROPERTY 40 SARASOTS CENTER DR. #108A SARASOTA, FL 34240 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		02262007	Chg-NP CR2E037 (12/06)
		4. FEI Number 65-0361838	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CMR PROPERTY MANAGEMENT, INC 40 SARASOTA CENTER BLVD. #108A SARASOTA, FL 34240		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: S NAME: THAYER, ROBERT STREET ADDRESS: 4902 LINDSEY CT. CITY-ST-ZIP: SARASOTA, FL 34243 <input checked="" type="checkbox"/> Delete		TITLE: VP NAME: Debbie Belcher STREET ADDRESS: 7319 Eleanor Circle CITY-ST-ZIP: Sarasota, FL 34243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: D NAME: TRANSUE, MARY LOU STREET ADDRESS: 4920 CINSEY CT CITY-ST-ZIP: SARASOTA, FL 34243 <input type="checkbox"/> Delete		TITLE: S NAME: STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD NAME: SMITH, GARY STREET ADDRESS: 4912 LINSEY CT CITY-ST-ZIP: SARASOTA, FL 34243 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: HARTSELL, BRIAN STREET ADDRESS: 7302 ELEANOR CIRCLE CITY-ST-ZIP: SARASOTA, FL 34243 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: BRAZILL, BARBARA STREET ADDRESS: 4904 LINDSEY CT. CITY-ST-ZIP: SARASOTA, FL 34243 <input type="checkbox"/> Delete		TITLE: President NAME: STREET ADDRESS: CITY-ST-ZIP: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: Edward O'mara NAME: Edward O'mara STREET ADDRESS: 7500 Eleanor Circle CITY-ST-ZIP: Sarasota, FL 34243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <i>Larry W. Smith</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/26/07 Date Daytime Phone #	