
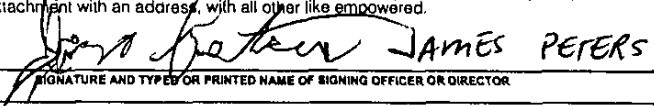


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N50857		
1. Entity Name PINEHURST COMMON FACILITIES ASSOCIATION, INC.		
Principal Place of Business 40 SARASOTA CENTER BLVE. UNIT 108A SARASOTA, FL 34240 US		Mailing Address 40 SARASOTA CENTER BLVE. UNIT 108A SARASOTA, FL 34240 US
DO NOT WRITE IN THIS SPACE		
		01152007 No Chg-NP CR2E037 (4/06)
		4. FEI Number 65-0361843 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		
CMR PROPERTY MANGEMENT INC 40 SARASOTA CENTER BLVD. UNIT 108A SARASOTA, FL 34240		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PETERS, JAMES 7274 ELEANOR CIR #101 SARASOTA, FL 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRESSLEY, REBA 728 ELEANOR CIR SARASOTA, FL 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, RICHARD 7338 ELEANOR CIR SARASOTA, FL 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERN, BARBARA 4903 LINSEY CT SARASOTA, FL 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTSELL, BRIAN 7302 ELEANOR CR. SARASOTA, FL 34243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  JAMES PETERS		DT 1/16/07 Date Daytime Phone #