


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90063 032 \*\*\*\*61.25

<b>DOCUMENT # N94000003946</b>	
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1. Entity Name  
PINEHURST VILLAGE SECTION TWO CONDOMINIUM  
ASSOCIATION, INC.

Principal Place of Business  
%CMR PROPERTY MANAGEMENT  
40 SARASOTA CENTER BLVD. #108A  
SARASOTA, FL 34240 US

Mailing Address  
P.O. BOX 914  
OSPREY, FL 34229



01242005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number  
65-0516374

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CMR PROPERTY MANAGEMENT, INC.  
40 SARASOTA CENTER BLVD.  
UNIT 108A  
SARASOTA, FL 34240

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	GULLMUSK, SUSAN	
STREET ADDRESS	7266 ELEANOR CIRCLE #201	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	T	<input type="checkbox"/> Delete
NAME	BREWER, JENNIFER	
STREET ADDRESS	7254 ELEANOR CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	P	<input type="checkbox"/> Delete
NAME	PETERS, JAMES	
STREET ADDRESS	7274 SLADMAN CIR	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MAHER, OCEANA	
STREET ADDRESS	PO BOX 1418	
CITY-ST-ZIP	TALLEVEST, FL 34270	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLLNICK, SUSAN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSKIE, PHILIP	
STREET ADDRESS	7234 ELEANOR CIR,	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7274 ELEANOR CIR	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATHY WILLIAMS	
STREET ADDRESS	7274 ELEANOR CIR	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 JAMES PETERS 3/30/05 941-358-6851  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #