

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90153 023 ****61.25

DOCUMENT # N94000004639					
1. Entity Name PINEHURST ESTATES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 40 SARASOTA CENTER BLVD UNIT 108A SARASOTA, FL 34240			Mailing Address 40 SARASOTA CENTER BLVD UNIT 108A SARASOTA, FL 34240		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03172006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0529985				Applied For <input type="checkbox"/> 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 MANAGEMENT, INC. DONNIE P. KENNEDY 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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 SD NAME BOWMAN, MARY ANN STREET ADDRESS 7394 ELEANOR CIRCLE CITY - ST - ZIP SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete		TITLE P NAME Michael Stone STREET ADDRESS 7452 Eleanor Circle CITY - ST - ZIP Sarasota, FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME DOUGHERTY, JOHN P STREET ADDRESS 7469 ELEANOR CIR. CITY - ST - ZIP SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE T NAME Reba Pressley STREET ADDRESS 7328 Eleanor Circle CITY - ST - ZIP Sarasota, FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HENEGAR, SHERILL STREET ADDRESS 7420 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 TD NAME RAND, HERBERT STREET ADDRESS 7387 ELEANOR CIR CITY - ST - ZIP SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GUNBY, LES STREET ADDRESS 7325 ELEANOR CR 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 NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input 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: <u>Michael Stone Michael Stone</u> 4-4-06 941 359-8212					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					