

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90019 005 \*\*\*\*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**

**40063896**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**65-0529985**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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.**  
~~DONNIE P. KENNEDY~~  
**40 SARASOTA CENTER BLVD, UNIT 108A  
SARASOTA, FL 34240**

Name  
**CMR Property Management, Inc**  
Street Address (P.O. Box Number is Not Acceptable)  
**40 Sarasota Center Blvd, 108A**  
City  
**Sarasota** FL Zip Code  
**34240**

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

*Donnie P. Melendy, CMR Property Management, Inc 4/4/08*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
PRESSLEY, REBA  
7328 ELSSNER CIRCLE  
SARASOTA, FL 34243** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DOUGHERTY, JOHN P  
7469 ELEANOR CIR.  
SARASOTA, FL 34243** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
HENEGAR, SHERILL  
7420 ELEANOR CIRCLE  
SARASOTA, FL 34243** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
GUNBY, LES  
7325 ELEANOR CR  
SARASOTA, FL 34243** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
BONFANTI, SALVATORE  
7482 ELEANOR CIRCLE  
SARASOTA, FL 34243** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
HILTS, DANIEL  
7439 ELEANOR CIRCLE  
SARASOTA, FL 34243** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/8/08*  
Date

*(941)  
355-5631*  
Daytime Phone #