


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90107 038 ****61.25

DOCUMENT # N96000000352	
1. Entity Name T.G. PINEHURST VILLAGE HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 10730 U.S. 19 STE. 17 PORT RICHEY FL 34668 US	Mailing Address 10730 U.S. 19 STE. 17 PORT RICHEY FL 34668 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3356384	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MANAGEMENT INC. 10730 US 19 STE. 17 PORT RICHEY FL 34668
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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 _____

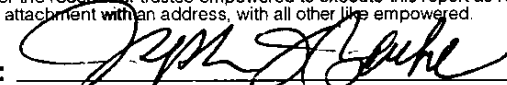
FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALTON, LEO -- <input checked="" type="checkbox"/> Delete 9647 WOODHOLLOW CT -- NEW PORT RICHEY FL --	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bache, Joseph <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9714 Woodhollow Court New Port Richey, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON, BOBBY J <input type="checkbox"/> Delete 9722 WOODHOLLOW CT NEW PORT RICHEY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FISCHER, BILL -- <input checked="" type="checkbox"/> Delete 9695 WOODHOLLOW CT -- NEW PORT RICHEY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Fling, Jr., Stephen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9636 Woodhollow Court New Port Richey, FL
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
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
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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #