2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9600000352

FILED Apr 17, 2009 Secretary of State

Entity Name: T.G. PINEHURST VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5901 U.S. 19 6710 EMBASSY BLVD

SUITE 7Q SUITE 206

NEW PORT RICHEY, FL 34652 US PORT RICHEY, FL 34668 US

Current Mailing Address: New Mailing Address:

5901 U.S. 19 6710 EMBASSY BLVD

SUITE 7Q SUITE 206

NEW PORT RICHEY, FL 34652 US PORT RICHEY, FL 34668 US

FEI Number: 59-3356384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC. COASTAL HOA MGMT SERVICES, INC. 5901 U.S. 19 6710 EMBASSY BLVD

5901 U.S. 19 6710 EMBAS SUITE 7Q SUITE 206

SUITE 7Q SUITE 206
NEW PORT RICHEY, FL 34652 US PORT RICHEY, FL 34668 US

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.

SIGNATURE: MARYANN MYSZKOWIAK 04/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

 Name:
 FLING, STEPHEN
 Name:
 FLING, STEPHEN

 Address:
 5901 U.S. 19, SUITE 7Q
 Address:
 6710 EMBASSY BLVD SUITE 206

 City-St-Zip:
 NEW PORT RICHEY, FL 34652 US
 City-St-Zip:
 PORT RICHEY, FL 34668 US

Title: VD () Delete Title: VD (X) Change () Addition

Name: THOMPSON, BOBBY
Address: 5901 U.S. 19. SUITE 7Q
Address: 6710 EMBASSY BLVD SUITE 206

City-St-Zip: NEW PORT RICHEY, FL 34652 US Address: 67 TO EMBASSY BLVD SOTTE 206

Title: STD () Delete Title: STD (X) Change () Addition FERNANDEZ, JOHN F JR FERNANDEZ, JOHN F JR Name: Name: 6710 EMBASSY BLVD SUITE 206 Address: 5901 U.S. 19. SUITE 7Q Address: City-St-Zip: NEW PORT RICHEY, FL 34652 US City-St-Zip: PORT RICHEY, FL 34668 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYANN MYSZKOWIAK AGEN 04/17/2009