FILE NOW: FILING FEE IS $61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000004067 (1)**

1. Corporation Name
PINEHURST POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3370-I INTERNATIONAL GOLF PARKWAY ST AUGUSTINE FL 32092	3370-I INTERNATIONAL GOLF PARKWAY ST AUGUSTINE FL 32092

3. Date Incorporated or Qualified: 07/17/1997

4. FEI Number: 59-3464427 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

2. Principal Place of Business	2a. Mailing Address
21 101 E. Town Place	26 P.O. Box 1509
Suite, Apt. #, etc. 22 200	Suite, Apt. #, etc. 27
23 St. Augustine, FL	28 St. Augustine, FL
Zip 24 32092 Country 25 St. Johns	Zip 29 32085 Country 30

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVIDSON, JAMES E JR. ~~3370-I INTERNATIONAL GOLF PARKWAY~~ ~~ST AUGUSTINE FL 32092~~ →	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 101 E. Town Place 83 Ste. 200 84 City St. Augustine FL 85 Zip Code 32092

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVIDSON, JAMES E JR		1.2 NAME		
STREET ADDRESS	3370-I INTERNATIONAL GOLF PARKWAY		1.3 STREET ADDRESS	101 E. Town Place Ste. 200	
CITY-ST-ZIP	ST AUGUSTINE FL 32092		1.4 CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GIL, EDUARDO		2.2 NAME		
STREET ADDRESS	3370-I INTERNATIONAL GOLF PARKWAY		2.3 STREET ADDRESS	101 E. Town Place, Ste. 200	
CITY-ST-ZIP	ST AUGUSTINE FL 32092		2.4 CITY-ST-ZIP	St Augustine, FL 32092	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVIDSON, SHARON P		3.2 NAME		
STREET ADDRESS	3370-I INTERNATIONAL GOLF PARKWAY		3.3 STREET ADDRESS	101 E. Town Place, Ste. 200	
CITY-ST-ZIP	ST AUGUSTINE FL 32092		3.4 CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KEARNEY, ROBERT		4.2 NAME		
STREET ADDRESS	3370-I INTERNATIONAL GOLF PARKWAY		4.3 STREET ADDRESS	101 E. Town Place, Ste. 200	
CITY-ST-ZIP	ST AUGUSTINE FL 32092		4.4 CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/10/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0001711