

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90024 030 ****61.25

DOCUMENT # N99000007453					
1. Entity Name PINEHURST AT CROSS CREEK PARCEL "M" ASSOCIATION, INC.					
Principal Place of Business C/O ANDREWS ASSET MANAGEMENT CORP. 7402 N. 56TH STREET - SUITE 480 TAMPA, FL 33617			Mailing Address C/O ANDREWS ASSET MANAGEMENT CORP. 7402 N. 56TH STREET - SUITE 480 TAMPA, FL 33617		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3624992	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRISCIA, FRANCIS E ESQ. 500 EAST KENNEDY BOULEVARD SUITE 830 TAMPA, FL 33609			7. Name and Address of New Registered Agent Name: <u>FRISCIA FRANCIS E. ESQ</u> Street Address (P.O. Box Number Is Not Acceptable): <u>5550 WEST EXECUTIVE DR</u> <u>SUITE 250</u> City: <u>TAMPA, FL 33609</u> FL Zip Code: <u>33609</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	S LUCAS, DIANE 18222 BIRDWATER DR TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUCAS, DIANE 18222 BIRDWATER DR. TAMPA, FL 33647
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERRILL, MICHAEL 10431 BLACKMORE DR TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAY, WALTER 10432 BLACKMORE DR TAMPA, FL 33617
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, SIMONNE 18035 BIRDWATER DR TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTER, SIMONNE 18035 BIRDWATER DR. TAMPA, FL 33647
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARDONA, ESPERANZA 18156 BIRDWATER DR TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHALLER, CLAIRE 10448 BLACKMORE DR. TAMPA, FL 33647
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOHALLER, CLAIRE 10448 BLACKMORE DR TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHALLER, CLAIRE 10448 BLACKMORE DR. TAMPA, FL 33647
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" 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>Claire C. Schaller</u> <u>1/17/08</u> <u>813-980-6010</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					