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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000063587 (7)**

1. Corporation Name
THE PINEHURST PROMENADE CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
98 WILLARD STREET STE. 302 COCOA FL 32922	98 WILLARD STREET STE. 302 COCOA FL 32922

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6767 N. WICKHAM ROAD	26 6767 N. WICKHAM ROAD
Suite, Apt. #, etc. 22 SUITE 400	Suite, Apt. #, etc. 27 SUITE 400
City & State 23 MELBOURNE, FL	City & State 28 MELBOURNE, FL
Zip / Country 24 32940 / 25 BREVARD	Zip / Country 29 32940 / 30 BREVARD

4. FEI Number: 59-3265577 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOLDMAN, MITCHELL S 98 WILLARD STREET STE. 302 COCOA FL 32922	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P ☒ Change ☐ Addition
NAME	GOLDMAN, MITCHELL S	12 NAME	GEORGE SMOLEN
STREET ADDRESS	98 WILLARD STREET STE. 302	13 STREET ADDRESS	6767 N. WICKHAM RD #400
CITY-ST-ZIP	COCOA FL 32922	14 CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE		21 TITLE	S, T ☐ Change ☒ Addition
NAME		22 NAME	CHARINE LEWIS
STREET ADDRESS		23 STREET ADDRESS	6767 N. WICKHAM RD #400
CITY-ST-ZIP		24 CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charine C. Lewis 4-25-95 (407) 242-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CHARINE C. LEWIS

0067024 CP