FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 723302

1. Corporation Name

PINEWOOD VILLAGE OWNERS' ASSOCIATION, INC

Principal Place of Business
2765 WOODGATE LANE
SARASOTA FL 34231-6413

FILED Apr 22, 1999 8:00 am § Secretary of State

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Principal Plac	e of Business	М	lailing Address								
2765 WOODGATE LANE 2765 WOODGATE LANE]) 1 98 1)() 1 98 1)(1988 (1989 (1989) 98			
SARASOTA FL 34231-6413 SARASOTA FL 34231-6413											
2. Principal P	lace of Business	2a	Mailing Address					3. Date Incorporated or Qualifed			
21		26					Į	05/01/1972			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					4. FEI Number		Арг	lied For
	·	27		_				59-1768934			Applicable
City & Stat	е		City & State					5. Certificate of Status Desired	` 🗆	\$8.75 A	
23		28								Fee Re	<u>'</u>
Zip	Country	\perp	Zip		ountry		,	6. Election Campaign Financing		\$5.00	• ,
4	25	29		30				Trust Fund Contribution		Added to	Fees
Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent			
					81	Name -	Dee	2 Dee Koutz			
ULRICH, RICHARD A ESQ.					82 Street Address (P.O. Box Namber is Not Acceptable)						
2940 S. TAMIAMI TRAIL					Pine Woodvillage Owners 17350c. +re.						
SARASOTA FL 34239					83 16 Church Street						
					84	City	<u> </u>		FL	85 Zip C	9de 2
				4 . 45 .	لـــلــ		745	ey			registered
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Flori	ida. Such change was	authoriz	zea ov i	the corpo	corpora pration's	s board of directors. I hereby acce	pt the appoin	tment as reg	pistered
SIGNATURE Del Del Del Katz, President								1	4/12/1	9	
SIGNATORE	Signature, typed or printed name of registered agent	and title	if applicable. (NOT	E: Registe	red Agent	t signature re	equired wh	nen reinstating)	DATE		
12.	「美なない」 (A NOTICERS AND	DIRE	ECTORS	1	3.	- 4-1		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	P		DELETE	1.1	TITLE	PD	106	36 DUF, Karz-	PP	Change	☐ Addition ¹
NAME	PHILLIPS, CATHERINE			1.2	NAME		274	3 Woodgate LI	ane #	<i>109</i>	
STREET ADDRESS	2619 WOODGATE LANE UN K-1	2		1.3	STREET	ADDRESS		1 7			
CITY-ST-ZIP	SARASOTA FL 34231			1.4	CITY-ST		DA	RASULA +1342	,3)		
TITLE	VP		☐ DELETE	2.1	TITLE	PU	$ C_{o} $	thermy Phil		Change	☐ Addition
NAME	LATZ, DRUSCILLA			2.3	2 NAME	i	26	is Woodgate	LAne	D. 17 15	_
STREET ADDRESS	2763 WOODGATE LANE, UN 10	9		2.3	STREET	ADDRESS	01	Insota El 2	4231	#=## I +*	
CITY-ST-ZIP	SARASOTA FL 34231			2.	4 CITY-S	T-ZIP	20,	trasota FL 3	· · · ·		
TITLE	D -		DELETE .	_	TITLE	5)	SI			Change	Addition
NAME	WILDING, BARBARA			. 3.	2 NAME		33	63 Woodgate L	Anet	30 ና	' '
STREET ADDRESS	2468 WOODGATE LANE			3.3	3 STREET	ADDRESS	اا مح	<u> </u>		•	
CITY-ST-ZIP	SARASOTA FL		_	3.0	4. CITY-S	T-ZIP	DA	rasota 71 342	3/		
TITLE	SD		DELETE		† TITLE		A.	STISECT.		Change	Addition

SARASOTA FL CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in other like empowered

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CONWAY, JACQUILINE

SARASOTA FL 34231

SARASOTA FL 34231

GIALLOMBARDO, MARK

2787 WOODGATE LN

FICARRA, FRANK

2666 WOODGATE LANE, UN D-1

2663 WOODGATE LANE, UN E-8

DELETE

DELETE

-L.KEITT

☐ Change

Change

☐ Addition

☐ Addition