## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745129

**(7)** 

## PINEWOODS COMMONS AREA, INC.

Principal Place of Business		Mailing Address		T CERTAL SAUTH DIORY LIMBS MINIT HOUSE	TOTA BARIS AFADA WININ DIWAN KARI KARIS DADAN INDA	
2150 GOODLETTE RD 6TH FLOOR NAPLES FL 33940		2150 GOODLETTE RD 6TH FLOOR NAPLES FL 34102-4824				
US		US		3. Date Incorporated or Qualified 12/05/1978	3a. Date of Last Report 04/08/1996	
2. Principal Place of Business		2s. Mailing Address		4. FEI Number	Applied For	
21		26		59-2698946	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional	
City & City o		27			Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28     Zip	Count	n.	Trust Fund Contribution	Added to Fees
24	25	29	30	У	8. This corporation has flability for i	
9. Name and Address of Current Registered Agent			1301	Florida Statutes Yes No  10. Name and Address of New Registered Agent		
				1 Name		
PAULICH J	OHN III		<u>-</u>	N 01 A-I		7.5
PAULICH, JOHN III 2150 GOODLETTE RD			8	Z Street Add	dress (P.O. Box Number is Not Acceptab	HB)
6TH FLOOR			8	3		
NAPLES, FL. 33940			<u>-</u>	4 6:		
144 LEO, 1 L. 50510			8	4 City		FL 85 Zip Code
11. Pursuant to the office or registagent. I am fa	e provisions of Sections 617.0502 tered agent, or both, in the State o miliar with, and accept the obligat	and 617.1508, Florida Statut of Florida. Such change was a tions of, Section 617.0503, Flo	es, the abo authorized i orida Statut	ve-named cor by the corpora es.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algoriture require						
12.	OFFICERS AND		F. LIGHTING IN	peni signature requ	uired when reinstating)	DATE
TITLE		DIRECTORS	13.	geni signature requ	Jirad when reinstating) ADDITIONS/CHANGES TO OFFICE	
INILE	PD	DIRECTORS DELETE		10	ADDITIONS/CHANGES TO OFFIC	
NAME	EICHHORN, GORDON		13.	10	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
NAME STREET ADDRESS	EICHHORN, GORDON 1600 MISTY PINES CIRCLE		13. 1.1 TITLE 1.2 NAM	10	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	EICHHORN, GORDON	☐ DELETE	13. 1.1 TITLE 1.2 NAM	ET ADDRESS 4	ADDITIONS/CHANGES TO OFFICE INDEL, GERALD 1448 WILDER RD VAPLES FL	ERS AND DIRECTORS IN 12  Change X Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	EICHHORN, GORDON 1600 MISTY PINES CIRCLE NAPLES FL /D		13. 1.1 TITLE 1.2 NAMI 1.3 STRE	ET ADDRESS 4	ADDITIONS/CHANGES TO OFFICE  INDEL, GERALD  IN 148 WILDER RD  VAPLES FL	ERS AND DIRECTORS IN 12  Change
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	EICHHORN, GORDON 1600 MISTY PINES CIRCLE VAPLES FL /D ADAMS, ALETA	☐ DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	ET ADDRESS 4	ADDITIONS/CHANGES TO OFFICE  INDEL, GERALD  IN 148 WILDER RD  VAPLES FL	ERS AND DIRECTORS IN 12  Change
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	EICHHORN, GORDON 1600 MISTY PINES CIRCLE NAPLES FL //D ADAMS, ALETA 2293 PINE WOODS CIRCLE	☐ DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE	ET ADDRESS 4	ADDITIONS/CHANGES TO OFFICE  INDEL, GERALD  INUMS WILDER RD  VAPLES FL  ITID  IEVERS ALFRED  1227 PINE WORS	ERS AND DIRECTORS IN 12  Change
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	EICHHORN, GORDON 1600 MISTY PINES CIRCLE NAPLES FL //D ADAMS, ALETA 2293 PINE WOODS CIRCLE NAPLES FL	☐ DELETE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAMI 2.3 STRE 2.4 CITY	ET ADDRESS 44 ST-ZIP 5, PY ET ADDRESS - ST-ZIP	ADDITIONS/CHANGES TO OFFICE  INDEL, GERALD  IN 148 WILDER RD  VAPLES FL	ERS AND DIRECTORS IN 12  Change Addition  Change Addition
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14. I do 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 eath; 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 City-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

700 MISTY PINES CIRCLE

1200 MISTY PINES CIRCLE

NAPLES FL

GRIMSLEY, MARY

D

(441-262-4720)

Change

Addition

**FILED** 

Feb 21 1997 8:00am

Secretary of State