

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **754083** (4)

1. Corporation Name

PINEWOOD VILLAGE OF MELBOURNE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2901 THRUSH DR
~~P.O. BOX 301332~~
MELBOURNE FL 32935
US

2901 THRUSH DR
~~P.O. BOX 301332~~
MELBOURNE FL 32935
US

3. Date Incorporated or Qualified
09/08/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2901 Thrush Drive

25 2901 Thrush Drive

4. FEI Number
59-2264182

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Melbourne, FL 32935

28 Melbourne, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 32935

25 Brevard

29 32935

30 Brevard

8. 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

**NORMILE, HUBERT C., JR.
780 S APOLLO BLVD.
MELBOURNE FL 32901**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☒ DELETE
NAME **MCDONALD, FRANCES A**
STREET ADDRESS **2975 THRUSH DRIVE, #226**
CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE **TD** ☐ Change ☒ Addition
1.2 NAME **Kolb, Beaman**
1.3 STREET ADDRESS **3025 Thrush Drive, No. 104**
1.4 CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **DS** ☐ DELETE
NAME **THOMAS, KAREN L**
STREET ADDRESS **3001 THRUSH DR #121**
CITY-ST-ZIP **MELBOURNE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE
NAME **MCGARRIGLE, MARY**
STREET ADDRESS **3001 THRUSH DRIVE, NO. 113**
CITY-ST-ZIP **MELBOURNE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VPD** ☒ DELETE
NAME **TOLEDO, ROBERT**
STREET ADDRESS **2935 THRUSH DRIVE, #141**
CITY-ST-ZIP **MELBOURNE FL**

4.1 TITLE **VP** ☐ Change ☒ Addition
4.2 NAME **Barry, Steven**
4.3 STREET ADDRESS **2975 Thrush Drive, No. 232**
4.4 CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **PD** ☐ DELETE
NAME **MORRISON, CONNIE**
STREET ADDRESS **3001 THRUSH DRIVE**
CITY-ST-ZIP **MELBOURNE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VPD** ☒ DELETE
NAME **SACHIDANANDAN, GUBBI S**
STREET ADDRESS **3001 THRUSH DRIVE NO., 125**
CITY-ST-ZIP **MELBOURNE FL**

6.1 TITLE **D/S** ☐ Change ☒ Addition
6.2 NAME **Marie Weber**
6.3 STREET ADDRESS **3025 Thrush Drive, No. 212**
6.4 CITY-ST-ZIP **Melbourne, FL 32935**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Connie Morrison **Connie Morrison**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96
Date

407-242-3494
Daytime Phone #

CR2E037 (12/95)