

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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
MELBOURNE FL 32835
US**

**2901 THRUSH DR
3
MELBOURNE FL 32835-4570
US**

3. Date Incorporated or Qualified **09/08/1980** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2264182

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

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

23

28

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

24

25

Country

29

30

Country

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	<input checked="" type="checkbox"/> DELETE
NAME	KOLB. BEAMAN	
STREET ADDRESS	3025 THRUSH DRIVE NO 104	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	THOMAS, KAREN L	
STREET ADDRESS	3001 THRUSH DR #121	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MCGARRIGLE, MARY	
STREET ADDRESS	3001 THRUSH DRIVE, NO. 113	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BARRY, STEVEN	
STREET ADDRESS	2975 THRUSH DRIVE NO 232	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORRISON, CONNIE	
STREET ADDRESS	3001 THRUSH DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MARIE WEBER	
STREET ADDRESS	3025 THRUSH DR NO 212	
CITY-ST-ZIP	MELBOURNE FL	

1.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Patricia Matarazzo	
1.3 STREET ADDRESS	4120 Lakemont Road	
1.4 CITY-ST-ZIP	melbourne, FL 32934	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Connie Morrison, President

4/19/97

Date

407-494-4917

Daytime Phone # **0019503**

CR2E037 (9/96)