


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/9

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-09-2006 90049 047 ****61.25

DOCUMENT # 754083					
1. Entity Name PINEWOOD VILLAGE OF MELBOURNE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % PLATINUM COAST MANAGEMENT 2625 N HARBOR CITY BLVD #2 MELBOURNE, FL 32935 US			Mailing Address % PLATINUM COAST MANAGEMENT 2625 N HARBOR CITY BLVD #2 MELBOURNE, FL 32935 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01232006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2264182 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SACHANANDAN, GUBBI 3001 THRUSH DR. 125 MELBOURNE, FL 32935				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SACHIDANANDAN, GUBBI		NAME		
STREET ADDRESS	3001 THRUSH DR 125		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCGARRIGLE, MARY		NAME	Director	
STREET ADDRESS	3001 THRUSH DRIVE, NO. 113		STREET ADDRESS	Steve Lynch, 1564 Old Colonial Way	
CITY-ST-ZIP	MELBOURNE, FL		CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOLEDO, ROBERT		NAME	Vice President	
STREET ADDRESS	2935 THRUSH DR. 141		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRISON, CONNIE		NAME	Secretary	
STREET ADDRESS	3001 THRUSH DR. 115		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAORMINA, JOHN		NAME	Treasurer	
STREET ADDRESS	3001 THRUSH DR #112		STREET ADDRESS	Mary Laird, 2975 Thrush Dr. #126	
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAUGHN, RICHARD		NAME	Director	
STREET ADDRESS	2795 THRUSH DR. 127		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>G.S. Smith</i></u>			3-1-06 321-242-2900 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		