

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90021 017 ****61.25

DOCUMENT # N99000004277

1. Entity Name
**PINEWOOD PROFESSIONAL OFFICES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**289 PINEWOOD DRIVE
TALLAHASSEE, FL 32303**

Mailing Address
**289 PINEWOOD DRIVE
TALLAHASSEE, FL 32303**

DO NOT WRITE IN THIS SPACE



01222004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3601068

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAMB, MARION D III
217 PINEWOOD DRIVE
TALLAHASSEE, FL 32303**

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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PALMER, SHARON M
STREET ADDRESS 4351 MAYLOR RD.
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE SD
NAME ADKINS, GWENDOLYN P
STREET ADDRESS 4351 MAYLOR RD.
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE TD
NAME GOULD, ELIZABETH P
STREET ADDRESS 4351 MAYLOR RD.
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D
NAME PALMER, JUANITA ANN
STREET ADDRESS 4351 MAYLOR RD.
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D
NAME PALMER, WALDO HAROLD JR.
STREET ADDRESS 4351 MAYLOR RD.
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04
Date

850 878 8696
Daytime Phone #