2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000004277

1. Entity Name

PINEWOOD PROFESSIONAL OFFICES CONDOMINIUM ASSOCIATION, INC.



FILED Apr 13, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

289 PINEWOOD DRIVE TALLAHASSEE, FL 32303___ 289 PINEWOOD DRIVE TALLAHASSEE, FL 32303



01252005 No Chg-NP

CR2E037 (10/03)

4. FEI Number	Applied For
59-3601068	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6 Nac	he and Ad	dress of	Current	Register	ed Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or profiled name of registered agent and site of applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filting Fee is \$61.25					114	THIS OF AGE
Filting Fee is \$61.25 Due by May 1, 2005 10. OFFICERS AND DIRECTORS Trust Fund Contribution. The PD NAME PALMER, SHARON M STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 TITLE SD NAME ADKINS, GWENDOLYN P STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 TITLE TD TO PALMER, SHARON CONTRIBUTION TO TALLAHASSEE, FL 32308 TITLE SD TALLAHASSEE, FL 32308 TITLE TD			ourpose of changing its registered	office or re	egistered agent, or bo	ih, in the State of Florida. 1 am familiar with, and accept
Due by May 1, 2005 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ITTLE PD NAME PALMER, SHARON M STREET ADDRESS 4351 MAYLOR RD. CITY-ST-ZIP TALLAHASSEE, FL 32308 ITTLE SD NAME ADKINS, GWENDOLYN P STREET ADDRESS 4351 MAYLOR RD. CITY-ST-ZIP TALLAHASSEE, FL 32308 ITTLE TD TALLAHASSEE, FL 32308 ITTLE TD	SIGNATURE Signature, h	yped or printed name of registered agent and little	f applicable. (NOTE, Registered A	gent signature	required when reinstating)	DATE
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						
### SD ###############################	TITLE PD NAME PALME STREET ADDRESS 4351 N	ER, SHARON M MAYLOR RD.	CTORS			The second secon
	THTLE SD NAME ADKIN STREET ADDRESS 4351 N	IS, GWENDOLYN P MAYLOR RD.				
STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 DO NOT WRITE	NAME GOULI STREET ADDRESS 4351 N			-	DO	NOT WRITE
TITLE D IN THIS SPACE NAME PALMER, JUANITA ANN STREET ADDRESS 4351 MAYLOR RD. CITY-ST-ZIP TALLAHASSEE, FL 32308	NAME PALME STREET ADDRESS 4351 M	MAYLOR RD.			IN	THIS SPACE
TITLE D NAME PALMER, WALDO HAROLD JR. STREET ADDRESS 4351 MAYLOR RD. CITY-ST-ZIP TALLAHASSEE, FL 32308	NAME PALME STREET ADDRESS 4351 N	MAYLOR RD.				
NTILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information	NAME Street Address City-St-Zip	ot the information supplied with this f	illing close not qualify for the exem	otion states	d in Section 119 07(2).	(i) Florida Statutes I further certify that the information

Thereby centry that the information supplied with this filling does not qualify for the exemption stated in Section 139.07(5)(f), Rotad statutes. Total the information indicated on this report or suppliemental 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, withall other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05

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Dayome Phone #