



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N99000004277 1. Entity Name PINEWOOD PROFESSIONAL OFFICES CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 289 PINWOOD DRIVE TALLAHASSEE, FL 32303	Mailing Address 289 PINWOOD DRIVE TALLAHASSEE, FL 32303	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LAMB, MARION D III 217 PINWOOD DRIVE TALLAHASSEE, FL 32303		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMER, SHARON M 4351 MAYLOR RD. TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADKINS, GWENDOLYN P 4351 MAYLOR RD. TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOULD, ELIZABETH P 4351 MAYLOR RD. TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, JUANITA ANN 4351 MAYLOR RD. TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, WALDO HAROLD JR. 4351 MAYLOR RD. TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/11/05 850 878 8696 <small>Date Daytime Phone #</small>



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3601068	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**