

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723829

**Entity Name:** PINE WOODS, INC.**Current Principal Place of Business:**8420 S.W. 188TH TERR.  
CUTLER BAY, FL 33157**Current Mailing Address:**8420 S.W. 188TH TERR.  
CUTLER BAY, FL 33157**FEI Number:** 59-1428802**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIELK, WILLIAM REV.  
10700 SW 56TH STREET  
MIAMI, FL 33165 US*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.***SIGNATURE:** REV. WILLIAM SIELK

04/26/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           SIELK, WILLIAM REV.  
Address        8420 SW 188 TERR  
City-State-Zip: CUTLER BAY FL 33157

Title            TREASURER  
Name           SANTANA, LUIS REV.  
Address        8420 S.W. 188TH TERR.  
City-State-Zip: CUTLER BAY FL 33157

Title            SECRETARY  
Name           LEGGITT, ANNA  
Address        8420 S.W. 188TH TERR.  
City-State-Zip: CUTLER BAY FL 33157

Title            DIRECTOR  
Name           GILDE, TROY  
Address        8420 S.W. 188TH TERR.  
City-State-Zip: CUTLER BAY FL 33157

Title            DIRECTOR  
Name           ROSE, DAVID  
Address        8420 S.W. 188TH TERR.  
City-State-Zip: CUTLER BAY FL 33157

Title            DIRECTOR  
Name           KOCIUBA, JOE  
Address        8420 S.W. 188TH TERR.  
City-State-Zip: CUTLER BAY FL 33157

Title            DIRECTOR  
Name           BUHL, ROBERT  
Address        8420 SW 188 TERR  
City-State-Zip: CUTLER BAY FL 33157

Title            DIRECTOR  
Name           LAMAR, MILES  
Address        8420 SW 188 TERR  
City-State-Zip: CUTLER BAY FL 33157

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SIELK, WILLIAM**PRESENT**

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                 JONES, SANDRA  
Address               8420 SW 188 TERR  
City-State-Zip:     CUTLER BAY FL 33157

Title                 VP  
Name                 BARTELS, KARL  
Address               8420 S.W. 188TH TERR.  
City-State-Zip:     CUTLER BAY FL 33157