

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749311

Entity Name: PINWOOD LAKES CONDOMINIUM I, INC.**Current Principal Place of Business:**C/O ABILITY MANAGEMENT, INC.
6736 LONE OAK BLVD
NAPLES, FL 34109**Current Mailing Address:**C/O ABILITY MANAGEMENT, INC.
6736 LONE OAK BLVD
NAPLES, FL 34109 US**FEI Number:** 59-2312077**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	TINDELL, RICHARD
Address	100 MISTY PINES CIRCLE, #A202
City-State-Zip:	NAPLES FL 34105

Title	VP
Name	SWART, GERARD
Address	C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109

Title	TREASURER
Name	MUELLER, BRENDA
Address	1600 MISTY PINES CIRCLE UNIT# P104
City-State-Zip:	NAPLES FL 34105

Title	DIRECTOR
Name	COSTANZO, SAM
Address	C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109

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: RICHARD TINDELL

PRESIDENT

04/26/2021

Electronic Signature of Signing Officer/Director Detail_____
Date