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

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 749311

Entity Name: PINEWOOD 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

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

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER
Name	TINDELL, RICHARD	Name	MUELLER, BRENDA
Address	100 MISTY PINES CIRCLE, #A202	Address	1600 MISTY PINES CIRCLE UNIT# P104
City-State-Zip:	NAPLES FL 34105	City-State-Zip:	NAPLES FL 34105
Title	VP		
Name	PANZER, FRANK		
Address	C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD		
City-State-Zip:	NAPLES FL 34109		

PRESIDENT

04/30/2022 Date

Date

FILED Apr 30, 2022 Secretary of State 8443360278CC

Certificate of Status Desired: No