

2016 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 VP
Name HIGH, RUTH
Address 1600 MISTY PINES CIRCLE, #P102
City-State-Zip: NAPLES FL 34105

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

Title VP
Name BIANCHI, VICTOR
Address 200 MISTY PINES CIRCLE, #A204
City-State-Zip: NAPLES FL 34105

Title T
Name EICCHORN, GORDON
Address 1600 MISTY PINES CIRCLE, #P202
City-State-Zip: NAPLES FL 34105

Title PRESIDENT
Name SWART, URSULA
Address 300 MISTY PINES CIRCLE, #C201
City-State-Zip: NAPLES FL 34105

Title D
Name FERRELL, DAN
Address 1600 MISTY PINES CIRCLE
UNIT# P306
City-State-Zip: NAPLES FL 34105

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: URSULA SWART**PRESIDENT****03/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date