

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004444

**Entity Name:** PINWOOD LAKE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PALM BEACH PROPERTY MGMT.  
1300 NW 17TH AVENUE SUITE 255  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

C/O PALM BEACH PROPERTY MGMT.  
1300 NW 17TH AVENUE SUITE 255  
DELRAY BEACH, FL 33445 US

**FEI Number:** 55-0910042

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MANSFIELD, MADELINE M  
C/O PALM BEACH PROPERTY MGMT.  
1300 NW 17TH AVENUE SUITE 255  
DELRAY BEACH, FL 33445 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:** MADELINE M. MANSFIELD

03/09/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	RITCHIE, WANDA
Address	1181 PINWOOD LAKE CT.
City-State-Zip:	GREENACRES FL 33415
Title	DIRECTOR
Name	HANSON, ERIC
Address	C/O PALM BEACH PROPERTY MGMT. 1300 NW 17TH AVENUE SUITE 255
City-State-Zip:	DELRAY BEACH FL 33445

Title	SD
Name	JONES, DOUG
Address	1026 PINWOOD LAKE CT
City-State-Zip:	GREENACRES FL 33415
Title	DIRECTOR
Name	WELLS, TRACY
Address	C/O PALM BEACH PROPERTY MGMT. 1300 NW 17TH AVENUE SUITE 255
City-State-Zip:	DELRAY BEACH FL 33445

*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:** WANDA RITCHIE

PRESIDENT

03/09/2015

Electronic Signature of Signing Officer/Director Detail

Date