

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004277

**Entity Name:** PINWOOD PROFESSIONAL OFFICES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

289 PINWOOD DRIVE  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

289 PINWOOD DRIVE  
TALLAHASSEE, FL 32303

**FEI Number:** 59-3601068

**Certificate of Status Desired:** No

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

LAMB, MARION DIII  
217 PINWOOD DRIVE  
TALLAHASSEE, FL 32303 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 DIRECTOR  
Name GREENWELL, PAUL B  
Address 289 PINWOOD DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

Title PRESIDENT, DIRECTOR  
Name DEAN, ROBERT C  
Address 601 HILLCREST  
City-State-Zip: TALLAHASSEE FL 32308

Title SD  
Name MATTHEWS, MATT  
Address 277 PINWOOD DR  
City-State-Zip: TALLAHASSEE FL 32303

Title TD  
Name GROOM, MATTHEW S  
Address 273 PINWOOD DR  
City-State-Zip: TALLAHASSEE FL 32303

Title VP, DIRECTOR  
Name FRANKLIN, CARLTON  
Address 209 PINWOOD DR  
City-State-Zip: TALLAHASSEE FL 32303

*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: PAUL B. GREENWELL**

**DIRECTOR**

**02/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date