2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 723829

1. Entity Name
PINE WOODS, INC.

Principal Place of Business
8420 S.W. 188TH TERR.
MIAMI, FL 33157

Mailing Address
8420 S.W. 188TH TERR.
MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE

02122007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1428802
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REED, STELLA K
8700 SW 190 ST
MIAMI, FL 33157

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000006563396
03/14/07-80023-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VOLLRATH, DIANE
STREET ADDRESS	8420 SW 188 TERR
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	GLIENKE, HERMAN
STREET ADDRESS	8420 SW 188 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	VURA, RICHARD
STREET ADDRESS	8420 SW 188 TERR.
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	MIRANDA, LESLIE
STREET ADDRESS	8420 SW 188 TERR
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	ECKERT, OLGA
STREET ADDRESS	8420 SW 188 TERR
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Agent- Secretary 2/28/07 7709522233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #