

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741514

FILED
Mar 18, 2010
Secretary of State

Entity Name: PINWOOD VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESOURCE PROPERTY MANAGEMENT
28100 US 19TH NORTH, STE. 205
CLEARWATER, FL 33761

New Principal Place of Business:

7300 PARK STREET
SEMINOLE, FL 33777

Current Mailing Address:

C/O RESOURCE PROPERTY MANAGEMENT
28100 US 19TH NORTH, STE. 205
CLEARWATER, FL 33761

New Mailing Address:

7300 PARK STREET
SEMINOLE, FL 33777

FEI Number: 59-1800212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINHARDT, DEBRA
C/O RESOURCE PROPERTY MANAGEMENT
28100 US 19TH NORTH, STE. 205
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

REINHARDT, DEBRA
7300 PARK STREET
SEMINOLE, FL 33777 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: DEBRA REINHARDT

03/18/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP/T
Name: SHEROCK, PAM
Address: 601 HERCULES AVENUE #1301
City-St-Zip: CLEARWATER, FL 33765

Title: DVP
Name: CHASE, JEFF
Address: 601 N HERCULES AVE #801
City-St-Zip: CLEARWATER, FL 33765

Title: DS
Name: DANEN, RAY
Address: 601 N HERCULES AVE #102
City-St-Zip: CLEARWATER, FL 33765

Title: D
Name: LACORTE, TONY
Address: 601 N HERCULES AVE #302
City-St-Zip: CLEARWATER, FL 33765

Title: D
Name: BATTAGLIA, LORRAINE
Address: 601 N HERCULES AVE, #107
City-St-Zip: CLEARWATER, FL 33765

Title: D
Name: FATICONE, JAYE
Address: 601 N HERCULES AVE, #1502
City-St-Zip: CLEARWATER, FL 33765

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: PAM SHEROCK

DP/T

03/18/2010

Electronic Signature of Signing Officer or Director

Date