

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745127

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: PINEWOODS UNIT ONE, INC.

**Current Principal Place of Business:**

2460 PINEWOODS CIR.  
NAPLES, FL 33942

**New Principal Place of Business:**

**Current Mailing Address:**

2460 PINEWOODS CIR.  
NAPLES, FL 33942

**New Mailing Address:**

FEI Number: 59-2669568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, TERRY P.  
800 SEAGATE DR.  
NAPLES, FL 33940 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HENNENFENT, PAMELA  
Address: 2460 PINEWOOD CIRCLE  
City-St-Zip: NAPLES, FL 34105

Title: SD ( ) Delete  
Name: DNCEY, MARY  
Address: 2407 PINEWOOD CIR.  
City-St-Zip: NAPLES, FL 34105

Title: VD ( ) Delete  
Name: CELLETTI, MARIA  
Address: 2466 PINE WOOD CIR  
City-St-Zip: NAPLES, FL 34105

Title: TD ( ) Delete  
Name: PAMELA, HENNENFENT  
Address: 2460 PINEWOOD CIR  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAMELA HENNENFENT

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date