

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745129

FILED
Apr 19, 2006
Secretary of State

Entity Name: PINEWOODS COMMONS AREA, INC.

Current Principal Place of Business:

6312 TRAIL BLVD
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 770278
NAPLES, FL 34107 US

New Mailing Address:

FEI Number: 59-2698946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVELY, DENNIS F
P.O. BOX 770278
NAPLES, FL 34107 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: D () Delete
Name: EICHHORN, GORDON
Address: 1600 MISTY PINES CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: VPT () Delete
Name: BARTON, BLAINE
Address: 2395 PINEWOODS CIR
City-St-Zip: NAPLES, FL 34105

Title: DS () Delete
Name: MCCAUGHNA, MARTA
Address: 2197 PINEWOOD CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: JENSEN, DICK
Address: 600 MISTY PINES CIR #202
City-St-Zip: NAPLES, FL 34105

Title: PD () Delete
Name: CARROLL, PETER
Address: 2372 PINEWOOD CIR.
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: GRIMSLEY, MARY
Address: 1200 MISTY PINES CIRCLE
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: D (X) Change () Addition
Name: MCCAUGHNA, MARTA
Address: 2197 PINEWOOD CIRCLE
City-St-Zip: NAPLES, FL 34105

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

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

Title: DS (X) Change () Addition
Name: GRIMSLEY, MARY
Address: 1200 MISTY PINES CIRCLE
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER CARROLL

P

04/19/2006

Electronic Signature of Signing Officer or Director

Date