2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#745129

Title:

Name:

Address:

City-St-Zip:

FILED Apr 26, 2007 Secretary of State

Entity Name: PINEWOODS COMMONS AREA, INC.

Current Principal Place of Business: New Principal Place of Business: 6312 TRAIL BLVD C/O ABILITY MANAGEMENT INC NAPLES, FL 34108 6312 TRAIL BLVD US NAPLES, FL 34108 **Current Mailing Address:** New Mailing Address: C/O ABILITY MANAGEMENT INC P.O BOX 770278 NAPLES, FL 34107 US P.O BOX 770278 NAPLES, FL 34107 US FEI Number: 59-2698946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LIVELY, DENNIS F LIVELY, DENNIS F P.O. BÓX 770278 6312 TRAIL BLVD NAPLES, FL 34107 US US NAPLES, FL 34108 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: DENNIS F LIVELY 04/26/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete EICHHORN, GORDON Name: Name: 1600 MISTY PINES CIRCLE Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: Title: () Delete Title: () Change () Addition BARTON, BLAINE Name: Name: Address: 2395 PINEWOODS CIR Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: Title: () Delete Title: (X) Change () Addition MCCAUGHNA, MARTA Name: CELLETTI, JOHN Name: 2197 PINEWOOD CIRCLE 2466 PINEWOODS CIRCLE Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105 Title: () Delete Title: (X) Change () Addition Name: JENSEN, DICK Name: JENSEN, DICK 600 MISTY PINES CIR #202 600 MISTY PINES CIR #104 Address: Address: NAPLES, FL 34105 City-St-Zip: City-St-Zip: NAPLES, FL 34105 Title: () Delete Title: (X) Change () Addition CARROLL, PETER CARROLL, PETER Name: Name: 2372 PINEWOOD CIR. 2428 CAMDEN COURT Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PETER CARROLL PD 04/26/2007

() Delete

1200 MISTY PINES CIRCLE

GRIMSLEY, MARY

NAPLES, FL 34105

(X) Change () Addition

WEBER, MARGARETE

NAPLES, FL 34105

1400 MISTY PINES CIRCLE, #202