FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:26

DOCUMENT # **745488** **(7)**

1. Corporation Name
PINEWOOD TOWNHOUSE ASSOCIATION, INC. #1

Principal Place of Business	Mailing Address
801 S. OCEAN DR. STE. 705 FORT PIERCE FL 34949 US	801 S. OCEAN DR. STE. 705 FORT PIERCE FL 34949 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1979
3a. Date of Last Report: 08/08/1994
4. FEI Number: 59-1909657 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o Julius Michaels	26 c/o Julius Michaels
Suite, Apt. #, etc. 22 425 S W Eastport Cir.	Suite, Apt. #, etc. 27 425 S W Eastport Cir.
City & State 23 Port St. Lucie, Fl.	City & State 28 Port St. Lucie, Fl.
Zip / Country 24 34953 / 25 St. Lucie	Zip / Country 29 34953 / 30 St. Lucie

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SAUCIER, MARY ANN
801 SOUTH OCEAN DRIVE, #705
FORT PIERCE FL 34949

10. Name and Address of New Registered Agent

81 Name: Julius Michaels, Pres.
82 Street Address (P.O. Box Number is Not Acceptable): 425 S W Eastport Circle
83
84 City: Port St. Lucie FL 85 Zip Code: 34953

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: JULIUS MICHAELS, PRESIDENT — 3/25/95
Signature, typed or printed name of registered agent and title if applicable — Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President/Director	XX Change ☐ Addition
NAME	SAUCIER, MARY ANN	12 NAME	Michaels, Julius	
STREET ADDRESS	801 S OCEAN DRIVE, #705	13 STREET ADDRESS	425 S W Eastport Circle	
CITY-ST-ZIP	FORT PIERCE FL	14 CITY-ST-ZIP	Port St. Lucie, Fl. 34953	
TITLE	VD	21 TITLE	Vice Pres./Director	XX Change ☐ Addition
NAME	TYSON, GWEN	22 NAME	Tyson, Gwen	
STREET ADDRESS	1902 HAVANA AVENUE, #5	23 STREET ADDRESS	1902 Havana Avenue #5	
CITY-ST-ZIP	FT. PIERCE FL	24 CITY-ST-ZIP	Ft. Pierce, Fl. 34950	
TITLE	SD	31 TITLE	Secretary/Director	XX Change ☐ Addition
NAME	DEMORA, PAULINE	32 NAME	Clark, JoAnn	
STREET ADDRESS	826 POLK STREET	33 STREET ADDRESS	200 Hartman Road	
CITY-ST-ZIP	HOLLYWOOD FL	34 CITY-ST-ZIP	Ft. Pierce, Fl. 34947	
TITLE	D	41 TITLE	Treasurer/Director	XX Change ☐ Addition
NAME	MICHAELS, JULIUS	42 NAME	Michaels, Jillian	
STREET ADDRESS	425 EASTPORT CIRCLE SW	43 STREET ADDRESS	425 S W Eastport Circle	
CITY-ST-ZIP	PORT ST. LUCIE FL	44 CITY-ST-ZIP	Port St. Lucie, Fl. 34953	
TITLE		51 TITLE	Director	XX Change ☐ Addition
NAME		52 NAME	Smales, John	
STREET ADDRESS		53 STREET ADDRESS	1902 Havana Avenue # 6	
CITY-ST-ZIP		54 CITY-ST-ZIP	Ft. Pierce, Fl. 34950	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julius Michaels P/D — 3/25/95 — (407) 336-5813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000704