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FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 745488 (7)

1. Corporation Name

PINWOOD TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

MICHAELS, JULIUS  
425 S.W. EASTPORT CIRCLE  
PORT ST. LUCIE FL 34953  
USMICHAELS, JULIUS  
425 S.W. EASTPORT CIRCLE  
PORT ST. LUCIE FL 34953-7127  
US3. Date Incorporated or Qualified  
01/08/19793a. Date of Last Report  
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Dale Trefelner

Suite, Apt. #, etc.

22 1911 Wren Ave.

City &amp; State

23 Ft. Pierce, Fl.

Zip

Country

24 34982

25 St. Lucie

9. Name and Address of Current Registered Agent

MICHAELS, JULIUS  
425 S.E. EASTPORT CIRCLE  
PORT ST. LUCIE FL 34953

26 Dale Trefelner

Suite, Apt. #, etc.

27 1911 Wren Ave.

City &amp; State

28 Ft. Pierce, Fl.

Zip

Country

29 34982

30 St. Lucie

4. FEI Number  
59-1909657

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution

XX

\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

XX

Yes No

10. Name and Address of New Registered Agent

81 Name

Dale Trefelner

82 Street Address (P.O. Box Number is Not Acceptable)

1911 Wren Ave

83

84 City

Ft. Pierce

FL

85 Zip Code

34982

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Dale Trefelner, President

1/10/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD DELETED XX

NAME MICHAELS, JULIUS  
STREET ADDRESS 425 S.W. EASTPORT CIRCLE  
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE VD DELETED

NAME TYSON, GWEN  
STREET ADDRESS 1902 HAVANA AVENUE, #5  
CITY-ST-ZIP FT. PIERCE FL 34954

TITLE ST DELETED

NAME CLARK, JOANN  
STREET ADDRESS 200 HARTMAN ROAD  
CITY-ST-ZIP FT. PIERCE FL 34947

TITLE TD DELETED

NAME MICHAELS, LILLIAN  
STREET ADDRESS 425 EASTPORT CIRCLE SW  
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE D DELETED

NAME SMITH, GENEVIEVE  
STREET ADDRESS 1911 WREN AVE  
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE DELETED

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition XX

1.2 NAME P/D  
1.3 STREET ADDRESS Dale Trefelner 1911 Wren Ave.  
1.4 CITY-ST-ZIP Ft. Pierce, Fl. 34982

2.1 TITLE Change Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE S/D Change Addition XX

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition XX

6.2 NAME Julius Michaels  
6.3 STREET ADDRESS 425 SW Eastport Circle  
6.4 CITY-ST-ZIP Port St. Lucie, Fl. 34953

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 16.07(3)(a), 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: X DALE TREFELNER 1/10/97 461-2224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date PRES. Daytime Phone # 0071054

CR2E037 (9/96)