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FILED  
Feb 10 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA 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  
DALE TREFELNER 1911 WREN AVE  
FT. PIERCE FL 34982 US  
DALE TREFELNER 1911 WREN AVE  
FT. PIERCE FL 34982 US

3. Date Incorporated or Qualified

01/08/1979

4. FEI Number

59-1909657

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DALE TREFELNER  
1911 WREN AVE  
FT. PIERCE FL 34982

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME DALE TREFELNER  
STREET ADDRESS 1911 WREN AVE  
CITY-ST-ZIP FT. PIERCE FL 34982

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME MICHAELS, JULIUS  
STREET ADDRESS 425 SW EASTPORT CIRCLE  
CITY-ST-ZIP PORT ST LUCIE FL 34982

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

CR2E037 (10/97)