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Feb 02, 1999 8:00am
Secretary of State

02-02-1999 90022 019 *****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745488

1. Corporation Name

PINEWOOD 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



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

21

26

01/08/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1909657

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

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

DELETE

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

Change Addition

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

DELETE

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

Change Addition

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

DELETE

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

Change Addition

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

DELETE

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

Change Addition

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

DELETE

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

Change Addition

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

DELETE

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

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)