

2000 UNIFORM BUSINESS REPORT (UBR) No

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90005 040 ****70.00

DOCUMENT # 745488

1. Entity Name
 PINEWOOD TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1903 GEORGIA AVE.
 FORT PIERCE, FL. 34954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALE TREFELNER
 1911 WREN AVE
 FT. PIERCE, FL. 34982

Name YONAS GEBRE-AMLAK
 Street Address (P.O. Box Number is Not Acceptable)
 498 N.E. DONITA COURT
 City PORT ST LUCIE FL Zip Code 34983

8. 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 YONAS GEBRE-AMLAK
 PRESIDENT

[Signature]
 Yonas Gebre-Amlak

6-7-00

DATE

FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	DALE TREFELNER	<input checked="" type="checkbox"/> Delete
NAME		1911 WREN AVE.	
STREET ADDRESS		FT. PIERCE, FL.	
CITY-ST-ZIP		34982	
TITLE	V.P./D.	Gwen TYSON	<input type="checkbox"/> Delete
NAME		1902 HAVANA AVE #5	
STREET ADDRESS		FT PIERCE, FL	
CITY-ST-ZIP		34954	
TITLE	S/D	CLARK, JOANN	<input type="checkbox"/> Delete
NAME		200 HARTMAN ROAD	
STREET ADDRESS		FT PIERCE, FL.	
CITY-ST-ZIP		34947	
TITLE	T/D	MICHAELS, LILLIAN	<input type="checkbox"/> Delete
NAME		425 S.W. EASTPORT CIRCLE	
STREET ADDRESS		PORT ST. LUCIE, FL.	
CITY-ST-ZIP		34953	
TITLE	D	Smith, Genevieve	<input checked="" type="checkbox"/> Delete
NAME		1911 WREN AVE.	
STREET ADDRESS		FT. PIERCE, FL.	
CITY-ST-ZIP		34982	
TITLE	D.	MICHAELS, JULIUS	<input type="checkbox"/> Delete
NAME		425 S.W. EASTPORT CIRCLE	
STREET ADDRESS		PORT ST LUCIE, FL.	
CITY-ST-ZIP		34953	

TITLE	P/D	YONAS GEBRE-AMLAK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		498 N.E. DONITA CT.	
STREET ADDRESS		PORT ST LUCIE, FL.	
CITY-ST-ZIP		34983	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: YONAS GEBRE-AMLAK

[Signature]
 Yonas Gebre-Amlak

6-7-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)