

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745488

1. Entity Name

PINEWOOD TownHouse Association, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1903 GEORGIA AVE

3. Mailing Address

PINEWOOD TownHouse Assoc

Suite, Apt. #, etc.

FORT PIERCE

Suite, Apt. #, etc.

P.O. Box 2271

City & State

FLORIDA

City & State

FORT PIERCE, FLORIDA

Zip

34954

Country

USA

Zip

34954

Country

U.S.A

6. Name and Address of Current Registered Agent

YONAS GEBRE-AMLAH
498 N.E. DONITA COURT
PORT ST. LUCIE, FL 34983

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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-AMLAH, President x [Signature] 5-10-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
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

TITLE P/D
NAME YONAS GEBRE-AMLAH ☐ Delete
STREET ADDRESS 498 N.E. DONITA COURT
CITY-ST-ZIP PORT ST LUCIE, FL 34983

TITLE VP/D
NAME GWEN TYSON ☐ Delete
STREET ADDRESS 1902 HALANA AVE #5
CITY-ST-ZIP FT. PIERCE, FL 34954

TITLE S/T/D
NAME WILLIAM MICHAELS ☐ Delete
STREET ADDRESS 425 S.W. EASTPORT CIRCLE
CITY-ST-ZIP PORT ST LUCIE, FL 34953

TITLE D
NAME JULIUS MICHAELS ☐ Delete
STREET ADDRESS 425 S.W. EASTPORT CIR.
CITY-ST-ZIP PORT ST LUCIE, FL 34953

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/D Jo Ann Clark ☒ Delete
NAME
STREET ADDRESS 200 Hartman Road
CITY-ST-ZIP FT PIERCE, FL 34947

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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: x [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-01

Date

340-1000

Business Phone #

FILED

May 21, 2001 8:00 am
Secretary of State

05-21-2001 90374 028 ****70.00

00055873

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

CR2E037 (11/00)