

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745488

1. Entity Name

PINEWOOD TOWNHOUSE ASSOCIATION, INC.

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90030 050 ****70.00

009051

Principal Place of Business

1903 GEORGIA AVE
FORT PIERCE FL 34954
US

Mailing Address

PINEWOOD TOWNHOUSE ASSOCIATION
PO BOX 2271
FORT PIERCE FL 34954
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1909657

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GEBRE-AMLAK, YONAS
498 NE DONITA CT
PORT SAINT 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

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 PD
NAME GEBRE AMLAK, YONAS
STREET ADDRESS 498 NE DONITA CT
CITY-ST-ZIP PORT SAINT LUCIE FL 34983 ☐ Delete

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

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

TITLE D
NAME MICHAELS, JULIUS
STREET ADDRESS 425 SW EASTPORT CIRCLE
CITY-ST-ZIP PORT SAINT LUCIE FL 34953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-02

722
340-1000

CR2E037 (9/01)