

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 745488	
1. Entity Name PINEWOOD TOWNHOUSE ASSOCIATION, INC.	
Principal Place of Business PO BOX 2271 FORT PIERCE, FL 34954 US	Mailing Address PINEWOOD TOWNHOUSE ASSOCIATION PO BOX 2271 FORT PIERCE, FL 34954 US



01302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1909657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEBRE-AMLAK, YONAS
498 NE DONITA CT
PORT SAINT LUCIE, FL 34983

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEBRE AMLAK, YONAS 498 NE DONITA CT PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TYSON, GWEN 1902 HAVANA AVENUE, #5 FT. PIERCE, FL 34954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREEN, DANETTE 2854 SE EAGLE DR. PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, LEAFORD 2854 SE EAGLE DR. PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/18/05-80051-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-05 (772) 340-1000

Date

Daytime Phone #