


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

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| DOCUMENT # 745488 |  |
| 1. Entity Name PINWOOD TOWNHOUSE ASSOCIATION, INC. | |

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| Principal Place of Business PO BOX 2271 FORT PIERCE, FL 34954 US | Mailing Address PINWOOD TOWNHOUSE ASSOCIATION PO BOX 2271 FORT PIERCE, FL 34954 US |
|---|--|

DO NOT WRITE IN THIS SPACE



03302006 No Chg-NP CRZE037 (11/05)

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|--|---------------------------------------|
| 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-AMLAH, 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, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000490899 04/18/06-80072-021 61.25 |
|---|--|--|

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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **YONAS GEBRE-AMLAH, Pres** **3/31/06** **340-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Phone #