

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745488

FILED
Apr 29, 2008
Secretary of State

Entity Name: PINWOOD TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 2271
FORT PIERCE, FL 34954 US

New Principal Place of Business:

100 POINSETTIA AVENUE
FORT PIERCE, FL 34950

Current Mailing Address:

PINWOOD TOWNHOUSR ASSOCIATION
PO BOX 2271
FORT PIERCE, FL 34954 US

New Mailing Address:

100 POINSETTIA AVENUE
FORT PIERCE, FL 34950

FEI Number: 59-1909657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GEBRE AMLAK, YONAS
Address: 498 NE DONITA CT
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VD () Delete
Name: TYSON, GWEN,
Address: 1902 HAVANA AVENUE, #5
City-St-Zip: FT. PIERCE, FL 34954

Title: T () Delete
Name: GEDEUS, REGGIE
Address: 1007 POINSETTIA AVE
City-St-Zip: FORT PIERCE, FL 34950

Title: S () Delete
Name: CAMPBELL, WALFORD
Address: 2207 ELIZABETH AVE
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGGIE GEDEUS

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04/29/2008

Electronic Signature of Signing Officer or Director

Date