2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

PO BOX 2271 FORT PIERCE FL 34954

DOCUMENT # 745488

1. Entity Name

1903 GEORGIA AVE FORT PIERCE FL 34954

City & State

Principal Place of Business

2. Principal Place of Business

GEBRE-AMLAK, YONAS

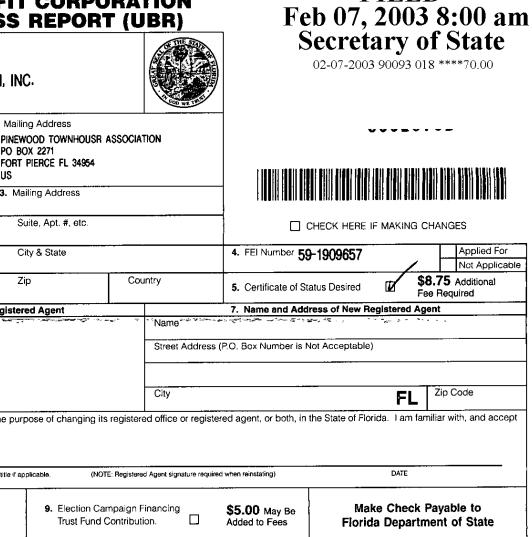
498 NE DONITA CT

PO BOX Suite, Apt. #, etc.

PINEWOOD TOWNHOUSE ASSOCIATION, INC.

PIERCÉ

6. Name and Address of Current Registered Agent



FILED

PORT SA	INT LUCIE FL 34983						
			City		FL	Zip Code)
	named entity submits this statement for the purpo ions of registered agent.	se of changing its regis	stered office or	registered agent, or both,	in the State of Florida. I am far	miliar with,	and accept
0.0	Signature, typed or printed name of registered agent and title if appli	cable. (NOTE: Regi	istered Agent signatu	re required when reinstating)	DATE		
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees		1	Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHAN	GES TO OFFICERS AND DIRE	CTORS IN	10
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			□ Change	☐ Addition
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			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	MICHAELS, LILLIAN 425 EASTPORT CIRCLE SW PORT ST. LUCIE FL 34953	33,000	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and agreement of the factor of	And The Control of th	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAELS, JULIUS 425 SW EASTPORT CIRCLE PORT SAINT LUCIE FL 34953	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		I	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			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 state	ed in Section 119.07(3)(i),	Florida Statutes, I further certif	y that the in	formation

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 life empowered.

GNATURE:

SIGNATURE:

340-1000