

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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90093 018 ****70.00

DOCUMENT # 745488

1. Entity Name

PINEWOOD TOWNHOUSE ASSOCIATION, INC.



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

PO BOX 2271

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL

City & State

Zip

34954

Country

USA

Zip

Country

4. FEI Number **59-1909657**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$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**

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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 life empowered.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

2/3/03

**772
340-1000**

CR2E037 (10/02)