2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

DOCUMENT# 749311

Entity Name: PINEWOOD LAKES CONDOMINIUM I, INC.

Current Principal Place of Business:

ABILITY MANAGEMENT, INC.
6736 LONE OAK BLVD
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

ABILITY MANAGEMENT, INC.
6736 LONE OAK BLVD
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-2312077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVELY, DENNIS F
C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 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: T
Name: EICHHORN, GORDON
Address: 1600 MISTY PINE CR,#P202
City-St-Zip: NAPLES, FL

Title: D
Name: TINDELL, RICHARD
Address: 100 MISTY PINES CR #A202
City-St-Zip: NAPLES, FL 34105

Title: P
Name: HIGH, RUTH
Address: 1600 MISTY PINES CIR #P102
City-St-Zip: NAPLES, FL 34105

Title: D
Name: SWART, URSULA
Address: 300 MISTY PINES CR. #C201
City-St-Zip: NAPLES, FL 34105

Title: D
Name: BIANCHI, VICTOR
Address: 200 MISTY PINES CR. #204
City-St-Zip: NAPLES, FL 34105

I hereby 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 all other like empowered.

SIGNATURE: DENNIS F LIVELY MGR 04/05/2010
Electronic Signature of Signing Officer or Director Date