

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750344

FILED
Apr 24, 2009
Secretary of State

Entity Name: PINEWOODS UNIT FOUR, INC.

Current Principal Place of Business:

PO BOX 10146
NAPLES, FL 34101 US

New Principal Place of Business:

2322 PINEWOODS CIRCLE
NAPLES, FL 34105 US

Current Mailing Address:

PO BOX 10146
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-2552587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRR, MARY
2322 PINEWOODS CIRCLE
NAPLES, FL 34105 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: DST () Delete
Name: BIRR, MARY
Address: 2322 PINEWOODS CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: DP () Delete
Name: SIMPSON, HARRISON
Address: 4447 WILDER ROAD
City-St-Zip: NAPLES, FL 34105

Title: DV () Delete
Name: WORREL, JEAN
Address: 2328 PINEWOODS CIRCLE
City-St-Zip: NAPLES, FL 34105

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:

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: MARY BIRR

SEC

04/24/2009

Electronic Signature of Signing Officer or Director

Date