

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750345

FILED
Mar 27, 2009
Secretary of State

Entity Name: PINEWOODS UNIT FIVE, INC.

Current Principal Place of Business:

2269 INGLEWOOD CT.
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

2269 INGLEWOOD CT.
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SITTLER, DOUG
2269 INGLEWOOD CT.
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: P () Delete
Name: KEYSER, BYRON
Address: 2251 INGLEWOOD CT
City-St-Zip: NAPLES, FL 34105

Title: VP () Delete
Name: HAMILTON, BRENDA
Address: 2347 PINWOODS CIR
City-St-Zip: NAPLES, FL 34105

Title: T () Delete
Name: WILLIAM, TOM
Address: 2329 PINWOODS CIR
City-St-Zip: NAPLES, FL 34105

Title: S () Delete
Name: WERNER, LEUTERT
Address: 2341 PINE WOODS CIR
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: MORRISON, MARC
Address: 2335 PINE WOODS CIR
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:

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

Title: D (X) Change () Addition
Name: MCINNIS, DON
Address: 2323 PINE WOODS CIR
City-St-Zip: NAPLES, FL 34105

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: TOM WILLIAMS

TREA

03/27/2009

Electronic Signature of Signing Officer or Director

Date