

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90027 002 ****61.25

DOCUMENT # 754083

1. Entity Name
**PINEWOOD VILLAGE OF MELBOURNE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**% PLATINUM COAST MANAGEMENT
2625 N HARBOR CITY BLVD #2
MELBOURNE, FL 32935 US**

Mailing Address

**% PLATINUM COAST MANAGEMENT
2625 N HARBOR CITY BLVD #2
MELBOURNE, FL 32935 US**



01102005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2264182

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SACHANANDAN, GUBBI
3001 THRUSH D.
125
MELBOURNE, FL 32935**

 **ENTERED**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SACHIDANANDAN, GUBBI
STREET ADDRESS	3001 THURSH DR 125
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	D
NAME	MCGARRIGLE, MARY
STREET ADDRESS	3001 THRUSH DRIVE, NO. 113
CITY-ST-ZIP	MELBOURNE, FL
TITLE	E.V.P.
NAME	TOLEDO, ROBERT
STREET ADDRESS	2935 THRUSH DR. 141
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	D
NAME	MORRISON, CONNIE
STREET ADDRESS	3001 THRUSH DR. 115
CITY-ST-ZIP	MELBOURNE, FL
TITLE	J
NAME	JESPERSEN, MARY ANN
STREET ADDRESS	2935 THRUSH DR 134
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	F
NAME	FAIN, CHARLES
STREET ADDRESS	2795 THRUSH DR. 127
CITY-ST-ZIP	MELBOURNE, FL 32935

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

ATTACHMENT

DOCUMENT # 754083

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G. S. Sachidanandan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	<i>Sec. TREAS</i>
NAME	<i>SACHIDANANDAN, GUBBI</i>
STREET ADDRESS	<i>3001 THRUSH DR 125</i>
CITY-ST-ZIP	<i>MELBOURNE, FL 32935</i>
TITLE	<i>D</i>
NAME	<i>MCGARRIGLE, MARY</i>
STREET ADDRESS	<i>3001 THRUSH DRIVE, NO. 113</i>
CITY-ST-ZIP	<i>MELBOURNE, FL</i>
TITLE	<i>D</i>
NAME	<i>TOLEDO, ROBERT</i>
STREET ADDRESS	<i>2935 THRUSH DR. 141</i>
CITY-ST-ZIP	<i>MELBOURNE, FL 32935</i>
TITLE	<i>D</i>
NAME	<i>MORRISON, CONNIE</i>
STREET ADDRESS	<i>3001 THRUSH DR. 115</i>
CITY-ST-ZIP	<i>MELBOURNE, FL</i>
TITLE	<i>S</i>
NAME	<i>JESPERSEN, MARY ANN</i>
STREET ADDRESS	<i>2935 THRUSH DR 134</i>
CITY-ST-ZIP	<i>MELBOURNE, FL 32935</i>
TITLE	<i>VP</i>
NAME	<i>FAIN, CHARLES</i>
STREET ADDRESS	<i>2795 THRUSH DR. 127</i>
CITY-ST-ZIP	<i>MELBOURNE, FL 32935</i>

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SIGNATURE:

G. S. Sachidanandan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #