

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90030 004 ****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**

40008243



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2264182

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **SACHIDANANDAN, GUBBI**
STREET ADDRESS **3001 THURSH DR 125**
CITY-ST-ZIP **MELBOURNE, FL 32935**

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

TITLE **D** ☐ Delete
NAME **LYNCH, STEVE**
STREET ADDRESS **1564 OLD COLONIAL WY**
CITY-ST-ZIP **MELBOURNE, FL 32935**

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

TITLE **VP** ☐ Delete
NAME **TOLEDO, ROBERT**
STREET ADDRESS **2935 THRUSH DR. 141**
CITY-ST-ZIP **MELBOURNE, FL 32935**

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

TITLE **S** ☐ Delete
NAME **MORRISON, CONNIE**
STREET ADDRESS **3001 THRUSH DR. 115**
CITY-ST-ZIP **MELBOURNE, FL**

TITLE ☒ Change ☐ Addition
NAME **Morrison, Connie**
STREET ADDRESS **3001 Thrush Dr. 115**
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **T** ☐ Delete
NAME **LAIRD, MARY**
STREET ADDRESS **2975 THRUSH DR. # 126**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE ☒ Change ☐ Addition
NAME **Laird, Mary**
STREET ADDRESS **2975 Thrush Dr., #126**
CITY-ST-ZIP **Melbourne, FL 32935**

TITLE **D** ☒ Delete
NAME **VAUGHN, RICHARD**
STREET ADDRESS **2795 THRUSH DR. 127**
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE ☐ Change ☒ Addition
NAME **Giselle Rosario**
STREET ADDRESS **3025 Thrush Dr. #109**
CITY-ST-ZIP **Melbourne, FL 32935**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

G.S. Sanchidrian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 9, 2007
Date

321-242-8311
Daytime Phone #