

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-18-2005 90068 001 ****61.25

DOCUMENT # 754314

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



Principal Place of Business
1713 THRUSH DRIVE
MELBOURNE, FL 32935

Mailing Address
1713 THRUSH DRIVE
MELBOURNE, FL 32935

50027535



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2427568

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEAN, PAUL L P.A.
646 EAST COLONIAL DR.
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

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 \$81.25
Due by May 1, 2005**

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

TITLE PD ☒ Delete
NAME STORMS, JAMES
STREET ADDRESS 3029 THRUSH DRIVE
CITY-ST-ZIP MELBOURNE, FL

TITLE VD ☒ Delete
NAME HARRISON, ROBERT
STREET ADDRESS 3005 THRUSH DRIVE
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE SDTD ☒ Delete
NAME KLUKA, STEVEN
STREET ADDRESS 3056 BLACKBIRD CT.
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME JOHNSON, ALBERT
STREET ADDRESS 1725 BLUEBIRD CT
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE VD ☐ Change ☒ Addition
NAME REYNOLDS, CRAIG
STREET ADDRESS 3042 BLACKBIRD CT
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE SDTD ☐ Change ☒ Addition
NAME JOHNSON, KATHLEEN
STREET ADDRESS 1725 BLUEBIRD CT
CITY-ST-ZIP MELBOURNE, FL 32935

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

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

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

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:

ALBERT S JOHNSON - PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-757-5408
03-15-05