

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754314

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** PINWOOD VILLAGE OF MELBOURNE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1713 THRUSH DRIVE  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

1713 THRUSH DRIVE  
MELBOURNE, FL 32935

**New Mailing Address:**

**FEI Number:** 59-2427568

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEAN, PAUL L P.A.  
646 EAST COLONIAL DR.  
ORLANDO, FL 32803 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: PD ( ) Delete  
Name: WEIMER, STEWART  
Address: 3098 BLACKBIRD COURT  
City-St-Zip: MELBOURNE, FL 32935

Title: VD ( ) Delete  
Name: WHITE, IRENE  
Address: 3051BLACKBIRD CT  
City-St-Zip: MELBOURNE, FL 32935

Title: SDTD (X) Delete  
Name: MACFARLAND, LISA  
Address: 3076 BLACKBIRD CT.  
City-St-Zip: MELBOURNE, FL 32935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: STORMS, JAMES  
Address: 3029 THRUSH DRIVE  
City-St-Zip: MELBOURNE, FL 32935

Title: VD (X) Change ( ) Addition  
Name: GETZ, LEROY  
Address: 3091 BLACKBIRD COURT  
City-St-Zip: MELBOURNE, FL 32935

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: JAMES STORMS

PD

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date