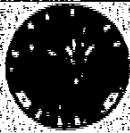


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 756370 (3)
1. Corporation Name
PINEWOOD XII TOWNHOMES OWNERS ASSOCIATION, INC.

Principal Place of Business
**1501 R. J. CONLAN BLVD #1
PALM BAY FL 32905**

Mailing Address
**1501 R. J. CONLAN BLVD #1
PALM BAY FL 32905**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/16/1981** 3a. Date of Last Report **04/29/1994**
4. FBI Number **59-3089523** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

9. Name and Address of Current Registered Agent

**JONES, RICHARD O.
780 SOUTH APOLLO BLVD.
ATRIUM PROFESSIONAL CENTRE
MELBOURNE FL 32902-0428**

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
1250 W. Eau Gallie, Ste J
63
64 City **FL** **65** Zip Code **32935**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DUNCOMBE, JAY C.	1.2 NAME	Renee Austin
STREET ADDRESS	217 BRANDT AVE., NE	1.3 STREET ADDRESS	3512 Treeridge Lane NE
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	Palm Bay FL 32905
TITLE	TD	2.1 TITLE	TD
NAME	DUNCOMBE, GAYLE A.	2.2 NAME	Alex Sawyer
STREET ADDRESS	217 BRANDT AVE., NE	2.3 STREET ADDRESS	1178 Heatherglen Circle
CITY-ST-ZIP	PALM BAY FL	2.4 CITY-ST-ZIP	Melbourne FL 32901
TITLE	SD	3.1 TITLE	SD
NAME	JONES, KAY G.	3.2 NAME	Darcie McGee
STREET ADDRESS	212 BOSSIEUX BLVD.	3.3 STREET ADDRESS	3514 Treeridge Lane NE
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Palm Bay FL 32905
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Renee C. Austin, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Renee C. Austin

April 14, 1995

Date

Daytime Phone #