FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 XIII TOWNHOMES OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 02/16/1981
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3069523 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1250 W. Eau Gallie, Ste J
83
84 City: FL 85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
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	☒ Change ☐ Addition
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	☒ Change ☐ Addition
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		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 119.07(3)(i), 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. April 14, 1995 (407) 728-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Renee C. Austin

COR1580