## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(3)

PINEWOOD XIII TOWNHOMES OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**FILED** Apr 08 1997 8:00am Secretary of State



1501 R. J. CO PALM BAY FL	onlan blvd #1 L 32905	1501 R. J. CONLAN BLVD #1 PALM BAY FL 32905			
,	<b>↓</b>	$\checkmark$		3. Date Incorporated or Qualified 02/16/1981	3a. Date of Last Report 04/19/1996
2. Principal I	2 Tree Ridge Lane No	2a. Mailing Address 26 3512 Tyce f	Ridge Lane	4. FEI Number 59-3069523	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.	J	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Palm	1 Bay I-L	city & State 28 Palm Bay	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 32	905 25 USA	zip 28 32905 30	Country USA		Yes 🕅 No
	9. Name and Address of Current F	legistered Agent	81 Name	10. Name and Address of New Reg	platered Agent
JONES, RICHARD O. 82 Street Addre				dress (P.O. Box Number is Not Acceptable)	
1250 W. EAU GALLIE SUITE J					
	PURNE FL 32935		84 City		85 Zip Code
11. Pursuant to the provisions of Soctions 617.0502 and 617.1508, 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					
SIGNATURE					
Signature, lyped or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
TITLE	PD	DEFELE	13.		Change Addition
NAME	AUSTIN, RENEE	W	1.2 NAME	thristine Giles	• • •
STREET ADDRESS	3512 TREERIDGE LANE NE		1.3 STREET ADDRESS	3515 Tree Ridge L	ane NE
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP	Palm Bay FL	32905
TITLE	TD		2.1 TITLE		☐ Change ☐ Addition
NAME	SAWYER, ALEX		2.2 NAME	Same	•
STREET ADDRESS	1178 HEATHERGLEN CIRCLE		2.3 STREET ADDRESS		1
CITY-ST-ZIP	MELBOURNE FL		2. 4 CITY-S1-ZIP		1
TITLE	<b>8</b> D	☐ DELETE	3.1 1/TLE		Change Addition
NAME	MCGEE, DARCIE		3.2 NAME	·· (0-00	
STREET ADDRESS	8514 TREERIDGE LANE NE		3.3 STREET ADDRESS	"Same	
CITY-ST-ZIP	PALM BAY FL		3.4. CITY-ST-ZIP		·
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-Zip		
TITLE			51 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE			6.1 T(TL€		Change Addition
NAME	• .		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP 14. I do herel	ov certify that the information supplied wi	th this filing does not qualify for	6.4 City-St-7iP	ed in Section 119.07(3)(i), Florida Statutes.	I further certify that the

Information indicated on this annual report or supplied with this slining does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; 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.