

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90009 036 \*\*\*\*61.25

DOCUMENT # 756370

1. Corporation Name

PINEWOOD XIII TOWNHOMES OWNERS ASSOCIATION, INC.

Principal Place of Business

3512 TREE RIDGE LN NE  
PALM BAY FL 32905  
US

Mailing Address

3512 TREE RIDGE LN NE  
PALM BAY FL 32905  
US



2. Principal Place of Business

21 Palm Bay

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 3512 Tree Ridge Lane NE

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/16/1981

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

9. Name and Address of Current Registered Agent

JONES, RICHARD O.  
1250 W. EAU GALIE  
SUITE J  
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

Renee C. Austin

82 Street Address (P.O. Box Number is Not Acceptable)

83 3512 Tree Ridge Lane NE

84 City

Palm Bay

FL

85 Zip Code

32905

11. Pursuant to the provisions of Sections 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GILES, CHRISTINE  
STREET ADDRESS 3515 TREE PINE RIDGE LANE NE  
CITY-ST-ZIP PALM BAY FL

DELETE

TITLE TD  
NAME SAWYER, ALEX  
STREET ADDRESS 1178 HEATHERGLEN CIRCLE  
CITY-ST-ZIP MELBOURNE FL

DELETE

TITLE SD  
NAME MCGEE, DARCIE  
STREET ADDRESS 3514 TREERIDGE LANE NE  
CITY-ST-ZIP PALM BAY FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME Jane Clabaugh  
1.3 STREET ADDRESS 3513 Tree Ridge Lane NE  
1.4 CITY-ST-ZIP Palm Bay FL 32905

Change Addition

2.1 TITLE Treasurer  
2.2 NAME Renee C. Austin  
2.3 STREET ADDRESS 3512 Tree Ridge Lane NE  
2.4 CITY-ST-ZIP Palm Bay, FL 32905

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE (Jane Clabaugh) 3/15/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)