

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756370

FILED
Apr 20, 2007
Secretary of State

Entity Name: PINEWOOD XIII TOWNHOMES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CHRISTINE GILES
3515 TREE RIDGE LANE NE
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

3515 TREE RIDGE LANE NE
PALM BAY, FL 32905 US

New Mailing Address:

FEI Number: 59-3069523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILES, CHRISTINE TREAS.
3515 TREE RIDGE LANE NE
PALM BAY, FL 32905 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: WORDEN, SARAH J PRES
Address: 3514 TREE RIDGE LANE NE
City-St-Zip: PALM BAY, FL 32905 US

Title: V () Delete
Name: SHAH, RAVINDRA VP
Address: 501 MALLARD LANE
City-St-Zip: INDIALANTIC, FL 32903 US

Title: TD () Delete
Name: GILES, CHRISTINE TREAS.
Address: 3515 TREE RIDGE LANE NE
City-St-Zip: PALM BAY, FL 32905 US

Title: SD () Delete
Name: WORDEN, SARAH J SEC.
Address: 3514 TREE RIDGE LANE NE
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHAH, RAVINDRA PRES
Address: 501 MALLARD LANE
City-St-Zip: INDIALANTIC, FL 32903 US

Title: VD (X) Change () Addition
Name: SHAH, RAVINDRA VP
Address: 501 MALLARD LANE
City-St-Zip: INDIALANTIC, FL 32903 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CHRISTINE, GILES SEC.
Address: 3515 TREE RIDGE LANE NE
City-St-Zip: PALM BAY, FL 32905

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTINE GILES

SEC

04/20/2007

Electronic Signature of Signing Officer or Director

Date