2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# 756370

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: SHAH, RAVINDRA PRES
Address: 501 MALLARD LANE
City-St-Zip: INDIALANTIC, FL 32903 US

Title: VD ( ) 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: CHRISTINE, GILES SEC.
Address: 3515 TREE RIDGE LANE NE
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 SD 01/28/2009
Electronic Signature of Signing Officer or Director — Date