

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90043 042 ****61.25

DOCUMENT # 757807

1. Entity Name
PINWOOD I AND II TOWNHOMES OWNERS
ASSOCIATION, INC.



Principal Place of Business
4611 TREERIDGE LN.
PALM BAY, FL 32905 US

Mailing Address
1900 S. HARBOR CITY BLVD
SUITE 200
MELBOURNE, FL 32901 US

DO NOT WRITE IN THIS SPACE



01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 26-5278709	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, BRUCE, ESQ.
1825 S. RIVERVIEW DRIVE
MELBOURNE, FL 32901

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAAR, TOSHIA 4616 TREERIDGE LN NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CERICOLA, DAWN 3274 EASTMAN LN NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINEMAN, JAMES 2765 HAVEFORD RD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Toshia Kaar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-08

Date

321-505-0659

Daytime Phone #