

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761103

FILED
Apr 30, 2004
Secretary of State

Entity Name: PINWOOD VILLAS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

13402 HEALD LANE S.W.
FT MYERS, FL 339082929

New Principal Place of Business:

Current Mailing Address:

13402 HEALD LANE S.W.
FT MYERS, FL 339082929

New Mailing Address:

FEI Number: 59-2209166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEAL, NANCY J
13402 HEALD LANE SW
FORT MYERS, FL 33908 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: TSD () Delete
Name: NEAL, NANCY J.
Address: 13402 HEALD LANE S.W.
City-St-Zip: FORT MYERS, FL 33908

Title: PD () Delete
Name: SHUMATE, HAZEL
Address: 13408 HEALD LN SW
City-St-Zip: FORT MYERS, FL 33908

Title: VPD () Delete
Name: FORD, BETTY
Address: 13406 HEALD LN.
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: DORMAN, TED
Address: 13404 HEROLD LN
City-St-Zip: FORT MYERS, FL 33908

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: D (X) Change () Addition
Name: DORMAN, TED
Address: 13404 HEALD LN
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANCY J. NEAL

STD

04/30/2004

Electronic Signature of Signing Officer or Director

Date