

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # 761103**

1. Entity Name  
**PINEWOOD VILLAS HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**13402 HEALD LANE S.W.  
FT MYERS, FL 33908-2929**

Mailing Address  
**13402 HEALD LANE S.W.  
FT MYERS, FL 33908-2929**



**DO NOT WRITE IN THIS SPACE**

05092006 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2209166**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NEAL, NANCY J  
13402 HEALD LANE SW  
FORT MYERS, FL 33908**

**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

*Nancy J. Neal*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*5/10/06*

**Filing Fee is \$61.25  
Due by September 6, 2006**

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	TSD NEAL, NANCY J. 13402 HEALD LANE S.W. FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHUMATE, HAZEL 13408 HEALD LN SW FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FORD, BETTY 13406 HEALD LN. FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORMAN, TED 13404 HEALD LN FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000564177  
05/20/06-80053-003 61.25

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.

*Nancy J. Neal 5/10/06*