## 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT#761103** 

FILED Oct 13, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

13402 HEALD LANE S.W. 13408 HEALD LANE S.W. FT MYERS, FL 339082929 FT MYERS, FL 339082929

Current Mailing Address: New Mailing Address:

13402 HEALD LANE S.W. 13408 HEALD LANE S.W. FT MYERS, FL 339082929 FT MYERS, FL 339082929

FEI Number: 59-2209166 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEAL, NANCY J SHUMATE, HSZEL I
13402 HEALD LANE SW
FORT MYERS, FL 33908 US FORT MYERS, FL 33908 US

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: HAZEL I SHUMATE 10/13/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: [

Name: NEAL, NANCY J.

Address: 13402 HEALD LANE S.W. City-St-Zip: FORT MYERS, FL 33908

Title: TREA

Name: SHUMATE, HAZEL
Address: 13408 HEALD LN SW
City-St-Zip: FORT MYERS, FL 33908

Title: VPD

 Name:
 FORD, BETTY

 Address:
 13406 HEALD LN.

 City-St-Zip:
 FORT MYERS, FL 33908

Title: PRES Name: DORMAN, TED

Address: 13404 HEALD LN City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: HAZEL I SHUMATE TREA 10/13/2011