

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761103

**FILED**  
**Mar 25, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

13408 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:**

SHUMATE, HSZEL I  
13408 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:** D  
**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 SHUMATE

AGEN

03/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date