

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90049 020 ****61.25

DOCUMENT # 765136

1. Entity Name

PINEWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

6880 PALM GROVE CT
PALM BEACH GARDENS FL 33418
US

Mailing Address

6880 PAL GROVE CT
PALM BEACH GARDENS FL 33418
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2253666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONAN, ELIZABETH
759 S. FEDERAL HIGHWAY
SUITE 212
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SARLES, MARILYN
STREET ADDRESS ~~13364~~ TOUCHSTONE PLACE 13369
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE Secretary ☐ Change ☒ Addition
NAME Cullen, Carmen
STREET ADDRESS 13463 Touchstone Pl A102
CITY-ST-ZIP Palm Bch Gardens, FL 33418

TITLE TD ☐ Delete
NAME DUERR, GUSS C
STREET ADDRESS 13369 TOUCHSTONE PLACE B102
CITY-ST-ZIP PALM BCH GDN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 info empowered.

SIGNATURE: *Marilyn Sarles* Marilyn Sarles 2/3/06