

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 765136

1. Entity Name
PINWOOD 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



01092007 No Chg-NP CR2E037 (4/06)

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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

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000590988
01/19/07-80004-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARLES, MARILYNN 13369 TOUCHSTONE PL PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUERR, GUSS 13369 TOUCHSTONE PLACE B102 PALM BCH GDN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CULLEN, CARMEN 13403 TOUCHSTONE PL A102 PALM BEACH GARDENS, FL 33418
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

SIGNATURE: *Marilynn R. Sarles* **MARILYNN R. SARLES** 1-15-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #