

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765136

FILED
Jan 05, 2009
Secretary of State

Entity Name: PINWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6880 PALM GROVE CT
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

6880 PAL GROVE CT
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

6880 PALM GROVE CT
PALM BEACH GARDENS, FL 33418 US

FEI Number: 59-2253666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HARBAR, DARLENE
6880 PALM GROVE COURT
PALM BEACH GARDENS, FL 33418 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: DARLENE HARBAR, PROPERTY MGR

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SARLES, MARILYNN
Address: 13369 TOUCHSTONE PL
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: TD () Delete
Name: DUERR, GUSS
Address: 13369 TOUCHSTONE PLACE B102
City-St-Zip: PALM BCH GDN, FL

Title: S () Delete
Name: KLEINKOPF, PAUL
Address: 13403 TOUCHSTONE PL A105
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARILYNN SARLES

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date