


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90032 012 ****61.25

DOCUMENT # 770791 1. Entity Name PINEWOOD VILLAS PHASE II HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 16593 DAVIS ROAD FORT MYERS FL 33908			Mailing Address 3138 SW PINE ISLAND ROAD CAPE CORAL FL 33991		
2. Principal Place of Business 2821 Meadow Ave		3. Mailing Address 2			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ft. Myers, Florida		City & State 		4. FEI Number 59-2364980	
Zip 33901		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIONIS, NICK 3138 SW PINE ISLAND ROAD CAPE CORAL FL 33991			7. Name and Address of New Registered Agent Name Sharon J. Smith Street Address (P.O. Box Number is Not Acceptable) 2821 Meadow Ave City Ft. Myers FL Zip Code 33901		
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 <u>Sharon J. Smith</u> 8-24-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	CHIONIS, NICK <input type="checkbox"/> Delete 3138 SW PINE ISLAND ROAD CAPE CORAL FL 33991 D		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. SHARON J. Smith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2821 Meadow Ave Ft. Myers, FL 33901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SLY, BILLIE D. <input type="checkbox"/> Delete 16599 DAVIS ROAD FT. MYERS FL D		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINNERTY, MARGUERITE <input type="checkbox"/> Delete 16599 DAVIS ROAD FT. MYERS FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sharon J. Smith 8-24-05 239 337-7485