


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000000025	
1. Entity Name ESTATES OF PINEWOOD HOA INC.	

Principal Place of Business 320 PINESTRAW CIRCLE ALTAMONTE SPRINGS, FL 32714	Mailing Address 320 PINESTRAW CIRCLE ALTAMONTE SPRINGS, FL 32714
--	--



01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3709674	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BARR, SCOTT A
320 PINESTRAW CIRCLE
ALTAMONTE SPRINGS, FL 32714

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARR, SCOTT 501 N. ORLANDO AVE., SUITE 147 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIMARCO, MELISSA 248 PINESTRAW CIRCLE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFFLER, LYNDON A 254 PINESTRAW CIRCLE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MENEGAT THYSEN, REBECCA 344 PINESTRAW CIRCLE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAUL, TINA 338 PINESTRAW CIRCLE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000593184
01/22/07-80021-016 61.25

**DO NOT WRITE
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: *Lyndon A. Leffler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07 407-629-6355
Date Daytime Phone #