

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 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



01162008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

59-3709674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BARR, SCOTT
STREET ADDRESS 501 N. ORLANDO AVE., SUITE 147
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VPD
NAME DIMARCO, MELISSA
STREET ADDRESS 248 PINESTRAW CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D
NAME LEFFLER, LYNDON A
STREET ADDRESS 254 PINESTRAW CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE S
NAME MENEGAT THYSEN, REBECCA
STREET ADDRESS 344 PINESTRAW CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE T
NAME PAUL, TINA
STREET ADDRESS 338 PINESTRAW CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-08

Date

407-629-6355

Daytime Phone #