

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000025

FILED
Apr 27, 2009
Secretary of State

Entity Name: ESTATES OF PINEWOOD HOA INC.

Current Principal Place of Business:

320 PINESTRAW CIRCLE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

320 PINESTRAW CIRCLE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

254 PINESTRAW CIRCLE
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3709674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARR, SCOTT
Address: 501 N. ORLANDO AVE., SUITE 147
City-St-Zip: WINTER PARK, FL 32789

Title: VPD () Delete
Name: DIMARCO, MELISSA
Address: 248 PINESTRAW CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: LEFFLER, LYNDON A
Address: 254 PINESTRAW CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S () Delete
Name: MENEGAT THYSEN, REBECCA
Address: 344 PINESTRAW CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete
Name: PAUL, TINA
Address: 338 PINESTRAW CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: LEFFLER, LYNDON A
Address: 254 PINESTRAW CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD (X) Change () Addition
Name: MENEGAT THYSEN, REBECCA
Address: 344 PINESTRAW CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Change () Addition
Name: PAUL, TINA
Address: 338 PINESTRAW CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: SCOTT A BARR

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date