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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthany

Secretary of State

1998

DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

(6)

PINEWOOD HOMEOWNERS ASSOCIATION OF CRYSTAL RIVER . INC.

Principal Place of Business Mailing Address 3140 N. TURKEY OAK DR. P.O. BOX 276 3. Date Incorporated or Qualified CRYSTAL RIVER FL 34428 **CRYSTAL RIVER FL 34423** 12/28/1983 4. FEI Number Applied For 59-2361031 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 3140A N. Turkey oak Dr. 21 26 3140A N. Turkey Dak Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 28 rustal Zip Country 8. This corporation owes or has paid the current year Intangible [] Yes 29 30 Personal Property Tax due June 30. <u>trus</u> 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Donna Frank Street Address (P.O. Box Number Is Not Acceptable) 8155 M. Wordhord LYONS, WILLIAM M 3140 N. TURKEY OAK DR. 63 **CRYSTAL RIVER FL 34428** 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. President SIGNATURE Donno OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ■ DELETE PD TITLE PD 1.1 TITLE Change ☐ Addition Doma Frank NAME LYONS, WILLIAM M 1.2 NAME 8155 W. Woodbury CT 3140 N. TURKEY OAK DR. STREET ADDRESS 1.3 STREET ADDRESS Crystal River, Fl 34428 **CRYSTAL RIVER FL 34428** CITY-ST-ZIP 1.4 CITY-ST-ZIP **X** DELETE XI Change Addition IME 21 TITLE Ed Curtis NAME SPINDLER, JAMES F JR. 2.2 NAME 8234 W. FAIRCAKS CT STREET ADDRESS 3858 N. CITRUS AVE. 2.3 STREET ADORESS Crystal River, Fl 34428 CRYSTAL RIVER FL 2. 4 CITY - ST-ZIP CITY-ST-ZIP TITLE DELETE. 3.1 TITLE Change Addition Currina Ashton NAME LYONS, SAMUEL H 3.2 NAME 8250 W. FAIRONKS CT STREET ADDRESS 9301 W. FT. ISLAND TRAIL 3.3 STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL 34429 3.4. CITY-ST-ZIP River . F1 34428 DELETE TITLE 4.1 TITLE Change Addition Tracy Carroll NAME 4. 2 NAME 18170 W. Woodbury CT STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Crystal River, F1 34428 DELETE TITLE 5.1 TITLE MD Bill Lyons NAME 5.2 NAME

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

P.O. Box 276 901 N. Venturi Ave

Crustal River F1 34428

FILED

May 20 1998 8:00am

Secretary of State