

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90028 050 ****61.25

DOCUMENT # N00630

1. Corporation Name

PINEWOOD HOMEOWNERS ASSOCIATION OF CRYSTAL RIVER
, INC.

Principal Place of Business

3140 N. TURKEY OAK DR.
CRYSTAL RIVER FL 34428

Mailing Address

P.O. BOX 276
CRYSTAL RIVER FL 34423

499188 - 90028 - 50



2. Principal Place of Business

21 3140A N. Turkey Oak Dr
Suite, Apt. #, etc.

2a. Mailing Address

26 3140 A. N Turkey Oak Dr
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/28/1983

4. FEI Number

59-2361031

Applied For

Not Applicable

City & State

23 Crystal River, FL

City & State

28 Crystal River, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24 34428

Country

25 Citrus

Zip

29 34428

Country

30 Citrus

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FRANK, DONNA
8155 W WOODBURY CT
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

81 Name

Donna Frank

82 Street Address (P.O. Box Number is Not Acceptable)

8155 W Woodbury Ct

83

84 City

Crystal River

FL

85 Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FRANK, DONNA
STREET ADDRESS 8155 W WOODBURY CT
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE VD ☐ DELETE

NAME CURTIS, ED
STREET ADDRESS 8234 W FAIROAKS CT
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE SD ☒ DELETE

NAME ASHTON, CORRINA
STREET ADDRESS 8250 W FAIROAKS CT
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE TD ☐ DELETE

NAME CARROLL, TRACY
STREET ADDRESS 8170 W WOODBURY CT
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE MD ☒ DELETE

NAME LYONS, BILL
STREET ADDRESS P.O. BOX 276, 901 N VENTURA AVE
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Donna Frank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 (352) 563-1860
Date Daytime Phone #

CR2E037 (11/98)