

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00630

FILED
Apr 29, 2005
Secretary of State

Entity Name: PINWOOD HOMEOWNERS ASSOCIATION OF CRYSTAL RIVER, INC.

Current Principal Place of Business:

3140 N. TURKEY OAK DR.
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

Current Mailing Address:

3140 N. TURKEY OAK DR.
CRYSTAL RIVER, FL 34428

New Mailing Address:

FEI Number: 59-2361031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANK, DONNA
8155 W WOODBURY CT
CRYSTAL RIVER, FL 34428 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: FRANK, DONNA
Address: 8155 W WOODBURY CT
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: TD () Delete
Name: FRANK, DOUGLAS
Address: 8155 W. WOODBURY CT.
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: SD () Delete
Name: WHITNEY, LARRY5
Address: 8170 W. WOODBURY CT.
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: VD () Delete
Name: CARROLL, TRACY
Address: 8170 W WOODBURY CT
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: MD () Delete
Name: SZEWCZUK, PHILIP
Address: 8205 W WOODBURY CT
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: MD () Delete
Name: SURIS, JOSE
Address: 8231 W WOODBURY CT
City-St-Zip: CRYSTAL RIVER, FL 34428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONNA FRANK

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date