

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03309

FILED
Apr 09, 2009
Secretary of State

Entity Name: PINWOOD MEDICAL PLAZA CONDOMINIUM ASSOCIATION. INC.

Current Principal Place of Business:

C/O DARRELL R. HILL, ESQ
1154 LEE BLVD, STE 6
LEHIGH ACRES, FL 33936 US

New Principal Place of Business:

Current Mailing Address:

C/O DARRELL R. HILL, ESQ
1154 LEE BLVD, STE 6
LEHIGH ACRES, FL 33936 US

New Mailing Address:

FEI Number: 59-2502641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERCH AND HILL, PA
1154 LEE BLVD, STE 1
LEHIGH ACRES, FL 33936 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: VSD () Delete
Name: THOMPSON, KEN
Address: 1150 LEE BLVD. - SUITE 1
City-St-Zip: LEHIGH ACRES, FL 33936

Title: PTD () Delete
Name: HILL, DARRELL R
Address: 1154 LEE BLVD, UNIT 6
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DARRELL R. HILL

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04/09/2009

Electronic Signature of Signing Officer or Director

Date