

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03309

FILED
Apr 23, 2012
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:

DARRELL R. HILL, PA
1154 LEE BLVD, STE 1
#6
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
Name: THOMPSON, KEN
Address: 1150 LEE BLVD. - SUITE 1
City-St-Zip: LEHIGH ACRES, FL 33936

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

I hereby 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 all other like empowered.

SIGNATURE: DARRELL R. HILL

P

04/23/2012

Electronic Signature of Signing Officer or Director

Date