2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR -5 PM 1:39

DOCUMENT # N04000011552

1. Entity Name
PINEWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1199 S PATRICK DR SATELLITE BEACH, FL 32937	1199 S PATRICK DR SATELLITE BEACH, FL 32937

02/12/07 90084 005 - $61.25

02052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1960 S. Harbor City Blvd	1960 S. Harbor City Blvd
Suite, Apt. #, etc. Suite #227	Suite, Apt. #, etc. Suite # 227
City & State Melbourne, FL	City & State Melbourne, FL
Zip 32901 Country USA	Zip 32901 Country USA

4. FEI Number
20-2748843
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIPRIMA, JOSEPH 1199 S PATRICK DR SATELLITE BEACH, FL 32937	Name: Vista Properties Management, Inc. Street Address (P.O. Box Number is Not Acceptable): 1960 S. Harbor City Blvd City: Melbourne FL Zip Code: 32901

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] I AM Property Manager 2/5/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DIPRIMA, JOSEPH 1199 S PATRICK DR SATELLITE BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Kim Shelpman 3942 W. Eau Gallie Blvd Melbourne, FL 32934	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HAHN, DEMAR 1199 S PATRICK DR SATELLITE BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Kay Byrnes 3942 W. Eau Gallie Blvd Melbourne, FL 32934	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BISHOP, CATHERINE 1199 S PATRICK DR SATELLITE BEACH, FL 32937	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO Bruce Assam 3942 W. Eau Gallie Blvd Melbourne, FL 32934	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with an other title empowered.

SIGNATURE: [signature] 2-5-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kay Byrnes