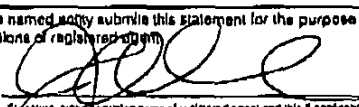
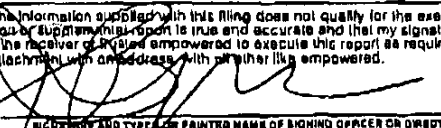


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 1199 S PATRICK DR SATELLITE BEACH, FL 32937		Mailing Address 1199 S PATRICK DR SATELLITE BEACH, FL 32937	
2. Principal Place of Business - No P.O. Box # 1900 S. Harbor City Blvd		3. Mailing Address 1900 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 DIPRIMA, JOSEPH 1199 S PATRICK DR SATELLITE BEACH, FL 32937		7. Name and Address of New Registered Agent Vista Properties Management, Inc. 1900 S. Harbor City Blvd Melbourne, FL 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 		NAME 1199 Property Manager	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Deletion ☐ Change ☒ Addition Kim Shelton 3942 W. Eau Gallie Blvd Melbourne, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAHN, DEMAR 1199 S PATRICK DR SATELLITE BEACH, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deletion ☐ Change ☒ Addition Kay Byrnes 3942 W. Eau Gallie Blvd Melbourne, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BISHOP, CATHERINE 1199 S PATRICK DR SATELLITE BEACH, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deletion ☐ Change ☒ Addition Bruce Assam 3942 W. Eau Gallie Blvd Melbourne, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deletion	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deletion ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deletion	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deletion ☐ 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 of the corporation 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 another like empowered.			
SIGNATURE 		Date 2-5-07	

02/12/07 90084 005 - \$61.25

02052007 Chg-NP CR2E037 (12/08)

4. FEI Number
20-2748843

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

7. Name and Address of New Registered Agent
Name: Vista Properties Management, Inc.
Street Address (P.O. Box Number is Not Acceptable):
1900 S. Harbor City Blvd
City: Melbourne FL Zip Code: 32901

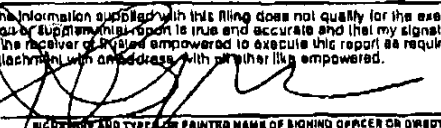
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9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 of the corporation 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 another like empowered.

SIGNATURE: 

Date: 2-5-07

DECLARATION AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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