2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011552

FILED Feb 23, 2009 Secretary of State

Entity Name: PINEWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

100 VISTA ROYALE BLVD 882 JACKSON AVE

VERO BEACH, FL 32962 WINTER PARK, FL 32789

Current Mailing Address: New Mailing Address:

100 VISTA ROYALE BLVD 882 JACKSON AVE

VERO BEACH, FL 32962 WINTER PARK, FL 32789

FEI Number: 20-2748643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VISTA PROPERTIES MANAGEMENT, INC. JORDAN, BRETT M 100 VISTA ROYALE BLVD 882 JACKSON AVE

VERO BEACH, FL 32962 US WINTER PARK, FL 32789 US

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: BRETT M. JORDAN 02/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: ASHY, MARY Name: FRANZ, TOM
Address: 3942 WEST EAU GALLIE BLVD Address: 1801 PENN ST. SUITE 1A

Address: 3942 WEST EAU GALLIE BLVD Address: 1801 PENN ST. SUITE 1A City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: MELBOURNE, FL 32901

Title: VP () Delete Title: VP (X) Change () Addition Name: RIEDEL, DOUG Name: RIEDEL, DOUG

Address: 3942 WEST EAU GALLIE BLVD Address: 1801 PENN STREET SUITE 1A

City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: MELBOURNE, FL 32901

Title: COO () Delete Title: D (X) Change () Addition

Name:HALKOVIC, KRISTYName:CATROPA, ANDREWAddress:3942 WEST EAU GALLIE BLVDAddress:1801 PENN STREET SUITE 1ACity-St-Zip:MELBOURNE, FL 32934City-St-Zip:MELBOURNE, FL 32901

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: TOM FRANZ PD 02/23/2009