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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08971** (6)

1. Corporation Name

PINEWOOD MOBILE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**10441 GANDY BLVD.
ST PETERSBURG FL 33716
US**

**10441 GANDY BLVD.
ST PETERSBURG FL 33716
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**BURTON, GEORGE K
10512 POPLAR ST. NE
ST. PETERSBURG FL 33716**

3. Date Incorporated or Qualified

04/29/1985

4. FEI Number

59-2669973

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **ROBERT N. WILSON**

82 Street Address (P.O. Box Number is Not Acceptable)

10901 POPLAR ST NE

83

84 City **ST PETERSBURG**

FL

85 Zip Code **33716**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **NEUFELD, VICTOR**
STREET ADDRESS **10961 POPLAR ST. NE**
CITY-ST-ZIP **ST PETERSBURG FL 33716**

TITLE **DP** ☒ DELETE
NAME **WALSH, JOY**
STREET ADDRESS **10524 POPLAR ST. NE**
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE **D** ☒ DELETE
NAME **ZIMBELMAN, JANET**
STREET ADDRESS **10870 POPLAR ST. NE**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ DELETE
NAME **COISH, JOYCE**
STREET ADDRESS **10887 POPLAR ST. NE**
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE **DV** ☐ DELETE
NAME **SCHUTZ, ROBERT**
STREET ADDRESS **10764 POPOLAR ST NE**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **DS** ☐ DELETE
NAME **JAMESON, BASIL**
STREET ADDRESS **10824 POPLAR ST. NE**
CITY-ST-ZIP **ST. PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☒ Change ☐ Addition
1.2 NAME **Sue Ann Wilson**
1.3 STREET ADDRESS **10901 Poplar St. NE.**
1.4 CITY-ST-ZIP **St. Petersburg, Fl. 33716**

2.1 TITLE **President** ☐ Change ☐ Addition
2.2 NAME **George K. Burton**
2.3 STREET ADDRESS **10512 Poplar St. NE**
2.4 CITY-ST-ZIP **St. Petersburg, Fl. 33716**

3.1 TITLE **Director** ☒ Change ☐ Addition
3.2 NAME **Myra Dears**
3.3 STREET ADDRESS **10715 Poplar St. NE**
3.4 CITY-ST-ZIP **St. Petersburg Fl. 33715**

4.1 TITLE **DT** ☐ Change ☒ Addition
4.2 NAME **Robert N. Wilson**
4.3 STREET ADDRESS **10901 POPLAR ST NE**
4.4 CITY-ST-ZIP **ST PETERSBURG FL 33716**

5.1 TITLE **Vic President** ☒ Change ☐ Addition
5.2 NAME **Bas. Jamieson**
5.3 STREET ADDRESS **10824 Poplar St. NE**
5.4 CITY-ST-ZIP **St. Petersburg Fl. 33716**

6.1 TITLE **Secretary** ☒ Change ☐ Addition
6.2 NAME **Margaret Richards**
6.3 STREET ADDRESS **10930 Walnut St. NE**
6.4 CITY-ST-ZIP **St. Petersburg, FL. 33716**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert N. Wilson

ROBERT N. WILSON

3/12/98

813 577 1781

CR2E037 (10/97)