

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 91087 001 \*\*\*\*61.25  
05-10-2004 91087 002 \*\*\*\*\*8.75

**DOCUMENT # N08971**

1. Entity Name  
**PINEWOOD MOBILE ASSOCIATION, INC.**



Principal Place of Business  
**10441 GANDY BLVD.  
ST PETERSBURG, FL 33716 US**

Mailing Address  
**10910 WALNUT ST. NE  
ST PETERSBURG, FL 33716**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2669973**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SHERTZER, WILLIAM  
10910 WALNUT ST NE  
ST PETERSBURG, FL 33716**

**DIED  
10-03**

Name

Street Address: **Moore JAMET  
10932 Poplar Street NE  
St Petersburg, FL 33716**

City

**FL**

Zip Code

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

*Janet M. Delay* Treasurer

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, 2004**

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

TITLE PD  
NAME SHERTZER, WILLIAM  
STREET ADDRESS 10910 WALNUT ST NE  
CITY-ST-ZIP SAINT PETERSBURG, FL 33716  
**DIED 9-03**

☒ Delete

TITLE VPD  
NAME SMILEY, WILLIAM JR  
STREET ADDRESS 10651 POPLAR ST NE  
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

☒ Delete

TITLE TD  
NAME FALVEY, DEBORAH  
STREET ADDRESS 10948 WALNUT ST NE  
CITY-ST-ZIP ST. PETERSBURG, FL 33716

☒ Delete

TITLE SD  
NAME SHERTZER, JANE  
STREET ADDRESS 10910 WALNUT ST NE  
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

☒ Delete

TITLE DIV  
NAME NERONHA, BILL  
STREET ADDRESS 10529 WALNUT ST NE  
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

☐ Delete

TITLE DIV  
NAME THOMPSON, ELVEDA  
STREET ADDRESS 10531 POPLAR ST NE  
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MOORE, JAMET  
STREET ADDRESS 10932 Poplar Street NE  
CITY-ST-ZIP St Petersburg, FL 33716  
☒ Change ☐ Addition

TITLE VPD  
NAME NERONHA, Bill  
STREET ADDRESS 10529 WALNUT ST. N.E.  
CITY-ST-ZIP SAINT PETERSBURG, FL 33716  
☒ Change ☐ Addition

TITLE TP  
NAME CALLERAME, SANDRA  
STREET ADDRESS 10529 WALNUT ST. N.E.  
CITY-ST-ZIP SAINT PETERSBURG, FL 33716  
☒ Change ☐ Addition

TITLE SP  
NAME PUKEL, ANN  
STREET ADDRESS 10628 WALNUT ST. N.E.  
CITY-ST-ZIP SAINT PETERSBURG, FL 33716  
☒ Change ☐ Addition

TITLE DIV  
NAME PUKEL, AL  
STREET ADDRESS 10628 WALNUT ST. N.E.  
CITY-ST-ZIP SAINT PETERSBURG, FL 33716  
☒ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Janet M. Delay*

Date

Daytime Phone #

**4-28-04**