

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N10751 (8)

1. Corporation Name

PINEWOOD GROVE CIVIC ASSOCIATION, INC.



Principal Place of Business

C/O L. GOLDEN  
491 SANTA CLARA TRAIL  
WELLINGTON FL 33414

Mailing Address

C/O L. GOLDEN  
491 SANTA CLARA TRAIL  
WELLINGTON FL 33414

3. Date Incorporated or Qualified  
08/20/1985

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2586101

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDEN, LAURENCE  
491 SANTA CLARA TRAIL  
WELLINGTON FL 33414

81 Name

Thomas, Joyce

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

13061 LaMirada Circle

83

84 City

Wellington

FL

85 Zip Code

33414

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

Joyce Thomas

(Joyce Thomas TD)

4/22/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDEN, LAURENCE	
STREET ADDRESS	491 SANTA CLARA TRAIL	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARKHAM, DAVID	
STREET ADDRESS	458 LEA LAVENDER TERR.	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THOMAS, JOYCE	
STREET ADDRESS	13061 LAMIRADA CIR.	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	NATANSON, ART	
STREET ADDRESS	13361 LA MIRADA CIR.	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ULLRICH, JACK	
STREET ADDRESS	244 MARBLE CANYON	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BRINK, RALPH	
STREET ADDRESS	244 SCARBOROUGH TERR.	
CITY-ST-ZIP	WELLINGTON FL	

1.1 TITLE	Secretary	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marion Wepl		
1.3 STREET ADDRESS	460 Santa Clara Trail		
1.4 CITY-ST-ZIP	Wellington, FL 33414		
2.1 TITLE	1st Vice President	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mike Biancardi		
2.3 STREET ADDRESS	13013 LaMirada Circle		
2.4 CITY-ST-ZIP	Wellington, FL 33414		
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	Director	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Art Natanson		
4.3 STREET ADDRESS	13361 LaMirada Circle		
4.4 CITY-ST-ZIP	Wellington, FL 33414		
5.1 TITLE	President	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ullrich, Jack		
5.3 STREET ADDRESS	244 Marble Canyon Dr.		
5.4 CITY-ST-ZIP	Wellington, FL 33414		
6.1 TITLE	2nd Vice President	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kevin Bailey		
6.3 STREET ADDRESS	305 Marble Canyon Dr.		
6.4 CITY-ST-ZIP	Wellington, FL 33414		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Joyce Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

DATE

407 790-0110

DAYTIME PHONE #

CR2E037 (12/95)