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May 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10751** (8)

1. Corporation Name

PINEWOOD GROVE CIVIC ASSOCIATION, INC.



Principal Place of Business	Mailing Address
C/O L. GOLDEN 491 SANTA CLARA TRAIL WELLINGTON FL 33414	C/O L. GOLDEN 491 SANTA CLARA TRAIL WELLINGTON FL 33414-3921

3. Date Incorporated or Qualified 08/20/1985	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business	2a. Mailing Address
21 Wes Boughner	26 Wes Boughner
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 13002 LA MIRADA CIRCLE	27 13002 LA MIRADA CIRCLE
City & State	City & State
23 WELLINGTON, FL	28 WELLINGTON, FL
Zip	Zip
24 33414	29 33414
Country	Country
25 USA	30 USA

4. FEI Number 59-2586101	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

THOMAS, JOYCE
13061 LAMIRADA CIR
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name **Wes Boughner**

82 Street Address (P.O. Box Number is Not Acceptable)
13002 LA MIRADA CIRCLE

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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 *Wes Boughner* **5/23/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	☒ DELETE
NAME	WEIL, MARION	
STREET ADDRESS	480 SANTA CLARA TRAIL	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VPD	☒ DELETE
NAME	BIANCARDI, MIKE	
STREET ADDRESS	13013 LAMIRADA CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TD	☒ DELETE
NAME	THOMAS, JOYCE	
STREET ADDRESS	13061 LAMIRADA CIR.	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	☐ DELETE
NAME	NATANSON, ART	
STREET ADDRESS	13361 LA MIRADA CIR.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	PD	☒ DELETE
NAME	ULLRICH, JACK	
STREET ADDRESS	244 MARBLE CANYON	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VPD	☒ DELETE
NAME	BAILEY, KEVIN	
STREET ADDRESS	305 MARBLE CANYON DR.	
CITY-ST-ZIP	WELLINGTON FL 33414	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY - DIRECTOR	☐ Change ☒ Addition
1.2 NAME	BONNIE KOHLER	
1.3 STREET ADDRESS	181 REDONDO WAY	
1.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
2.1 TITLE	VICE PRESIDENT - DIRECTOR	☐ Change ☒ Addition
2.2 NAME	DAVID MARKHAM	
2.3 STREET ADDRESS	458 SEA LAVENDER TERRACE	
2.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
3.1 TITLE	TREASURER - DIRECTOR	☐ Change ☒ Addition
3.2 NAME	ROBERT FAUB	
3.3 STREET ADDRESS	13337 LA MIRADA CIRCLE	
3.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
4.2 NAME	LEN BIERER	
4.3 STREET ADDRESS	196 STARBOROUGH TERRACE	
4.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
5.1 TITLE	PRESIDENT - DIRECTOR	☐ Change ☒ Addition
5.2 NAME	WES BOUGHNER	
5.3 STREET ADDRESS	13002 LA MIRADA CIRCLE	
5.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
6.1 TITLE	DIRECTOR	☒ Change ☐ Addition
6.2 NAME	KEVIN BAILEY	
6.3 STREET ADDRESS	305 MARBLE CANYON	
6.4 CITY-ST-ZIP	WELLINGTON, FL 33414	

14. I do 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: *Wes Boughner* **5/23/97**
Signature, typed or printed name of signing officer or director Date Daytime Phone # 0041267

CR2E037 (9/96)