

4/20/98

B-5134 C
FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 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 # **N10751** (8)

1. Corporation Name

PINWOOD GROVE CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O WES BOUGHNER
13002 LAMIRADA CIR.
WELLINGTON FL 33414
USC/O WES BOUGHNER
13002 LA MIRADA CIR.
WELLINGTON FL 33414
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	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

08/20/1985

4. FEI Number

59-2586101

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOUGHNER, WES
13002 LA MIRADA CIR.
WELLINGTON FL 33414

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
SD	KOHLER, BONNIE	<input type="checkbox"/> DELETE	
181 REDONDO WAY		1.3 STREET ADDRESS	
WELLINGTON FL		1.4 CITY - ST - ZIP	
VPD	MARKHAM, DAVID	<input type="checkbox"/> DELETE	
458 SE LAVENDER TERRACE		2.1 TITLE	
WELLINGTON FL		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TD	FAUB, ROBERT	<input checked="" type="checkbox"/> DELETE	
13337 LA MIRADA CIR.		3.1 TITLE	
WELLINGTON FL		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
D	NATANSON, ART	<input type="checkbox"/> DELETE	
13361 LA MIRADA CIR.		4.1 TITLE	
WELLINGTON FL 33414		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
PD	BOUGHNER, WES	<input type="checkbox"/> DELETE	
13002 LA MIRADA CIR		5.1 TITLE	
WELLINGTON FL		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
VPD - Director	BAILEY, KEVIN	<input type="checkbox"/> DELETE	
305 MARBLE CANYON DR.		6.1 TITLE	
WELLINGTON FL 33414		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

Treasurer
Sherrie Ann Bergen
13182 La Mirada Circle
Wellington, FL 33414

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:

Sherrie Ann Bergen Sherrie Ann Bergen 4/11/98

CR2E037 (10/97)