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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N10751

1. Corporation Name

PINEWOOD GROVE CIVIC ASSOCIATION, INC.

Principal Place of Business

C/O WES BOUGHNER  
13002 LAMIRADA CIR.  
WELLINGTON FL 33414  
US

Mailing Address

C/O WES BOUGHNER  
13002 LA MIRADA CIR.  
WELLINGTON FL 33414  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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 Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BOUGHNER, WES  
13002 LA MIRADA CIR.  
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 SD ☐ DELETE  
NAME KOHLER, BONNIE  
STREET ADDRESS 181 REDONDO WAY  
CITY-ST-ZIP WELLINGTON FL

TITLE VPD ☐ DELETE  
NAME MARKHAM, DAVID  
STREET ADDRESS 458 SE LAVENDER TERRACE  
CITY-ST-ZIP WELLINGTON FL

TITLE T ☐ DELETE  
NAME BERGEN, SHERRIE ANN  
STREET ADDRESS 13182 LA MIRADA CIRCLE  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ DELETE  
NAME NATANSON, ART  
STREET ADDRESS 13361 LA MIRADA CIR.  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE PD ☐ DELETE  
NAME BOUGHNER, WES  
STREET ADDRESS 13002 LA MIRADA CIR  
CITY-ST-ZIP WELLINGTON FL

TITLE D ☐ 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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)