


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90021 018 ****61.25

DOCUMENT # N12969	
1. Entity Name PINWOOD VILLAS HOMEOWNERS' ASSOCIATION OF PINELLAS COUNTY, INC.	

Principal Place of Business 6980 ULMERTON RD LARGO, FL 33771	Mailing Address 11350 66TH ST N., STE. 124 LARGO, FL 33773
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01232008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3179376	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BABCOCK, ROBERT A 11350 66TH ST N #124 LARGO, FL 33773	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 _____
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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	TEEVAN, COLLEEN
STREET ADDRESS	6980 ULMERTON RD #4D
CITY-ST-ZIP	LARGO, FL 33771
TITLE	S D <input type="checkbox"/> Delete
NAME	KNOWLES, KAY
STREET ADDRESS	6980 ULMERTON RD #5C
CITY-ST-ZIP	LARGO, FL 33771
TITLE	D <input type="checkbox"/> Delete
NAME	RAGOONANAN, LISA
STREET ADDRESS	6980 ULMERTON RD 37F
CITY-ST-ZIP	LARGO, FL 33771
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	KUTCH, MICHELLE
STREET ADDRESS	6980 ULMERTON RD #2E
CITY-ST-ZIP	LARGO, FL 33771
TITLE	B S <input type="checkbox"/> Delete
NAME	MCNAMARA, NANCY
STREET ADDRESS	6980 ULMERTON RD #5F
CITY-ST-ZIP	LARGO, FL 33771
TITLE	B VP <input type="checkbox"/> Delete
NAME	HEISEY, RUSS
STREET ADDRESS	6980 ULMERTON RD #1C
CITY-ST-ZIP	LARGO, FL 33771

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	Clendenon, Jackie (T) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6980 Ulmerton Rd 5D
STREET ADDRESS	Largo FL 33771
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE: *Colleen Teevan* **Colleen TEEVAN** 1-25-07 727-531-1399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #