


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N17294 1. Entity Name PINE WOODS HOMEOWNERS' ASSOCIATION OF PENSACOLA, INC.			
Principal Place of Business 710 PINEY LANE P. O. BOX 994 CANTONMENT FL 32533 US		Mailing Address P. O. BOX 994 CANTONMENT FL 32533 US	
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GILLIAM, JANET 751 PINEY LANE CANTONMENT FL 32533		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		4. FEI Number NO-T APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
\$8.75 Additional Fee Required		1st MOORE CR2E037 (10/05)	
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if appropriate (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERRY, BILL 791 PINEY LANE CANTONMENT FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEWIS, PAUL 790 PINEY LANE CANTONMENT FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000534712 <input type="checkbox"/> Change <input type="checkbox"/> Addit 05/08/06-80023-003 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GILLIAM, JANET 751 PINEY LANE CANTONMENT FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROSBY, LARRY 705 PINEY LANE CANTONMENT FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILLIAM, TOM 751 PINEY LANE CANTONMENT FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONDELLO, SCOTT 711 PINEY LANE CANTONMENT FL 32533	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: Janet Gilliam **Janet Gilliam** 4/24/2006 850-968-5544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If