## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N17204



**FILED** 

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT							Mar 16, 2007 8:00 am Secretary of State				
DOCUMENT # N17294  1. Entity Name PINE WOODS HOMEOWNERS' ASSOCIATION OF PENSACOLA, INC.								03-16-2007	_		
Principal Place of Business Maifing Address 710 PINEY LANE P. 0. BOX 994 P. 0. BOX 994 CANTONMENT, FL 32533 US					3 US						
2. Principal Place of Business - No P.O. Box #			3. Mailing /	3. Mailing Address				HI MARIN (ARIA HADA AK			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03132007	Chg-NP	CR2E037	(12/06)		
City & State			City & State			•	4. FEI Number Applied For NOT APPLICABLE Not Applicable				
Zip Country		Zip		Country		5. Certificate of Status Desired See Required Fee Required					
	6. Name	and Address of Current	Registered A	pent			7. Name and A	ddress of New I	Registered Ac	gent	
GILLIAM, JANET 751 PINEY LANE CANTONMENT, FL 32533					S	Name Donna Randell Street Address (P.O. Box Number is Not Acceptable) 701 Piney Lane					
						4x C 0 × 7	-onmen	+	FL	Zip Code	3,2
	e named entity tions of registe	submits this statement for	or the purpose	of changing its re	egistered o	ffice or register		in the State of F	lorida. I am fa	miliar with,	and accept
		g									1
SIGNATURE		or printed name of registered agen	and title if applicable	. (NOTE:	Registered Age	nt signatura required	I when reinstating)		DATE		
SIGNATURE	Signature, typed of	or printed name of registered agen e is \$61.25 ay 1, 2007	· · · · · · · · · · · · · · · · · · ·	NOTE:      Hection Camp     Trust Fund Co	oaign Finan		\$5.00 May Be Added to Fees		DATE Itake check   rida Departri		1
SIGNATURE	Filing Fee Due by M	is \$61.25	RECTORS	3. Election Camp Trust Fund Co	oaign Finan	icing	\$5.00 May Be	Flo	ifake check   rida Departn	nent of St	ate
10. Titlė Mame Street adoress	Filling Fee Due by M P. PERRY, B. 791 PINEY	o is \$61.25 ay 1, 2007 OFFICERS AND DI	RECTORS	). Election Camp	paign Finan ntribution. 11. TITLE NAME STREET AD	ocing P	\$5.00 May Be Added to Fees ADDITIONS/CHAP	Floring Floring GES TO OFFICE CONTROL OFFICE CONTRO	Itake check   Irida Departin	nent of St	ate
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12. Thereby 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 charged, or on appears in minimum and in the risk empowered.

Donna SIGNATURE: