

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 09, 2009
Secretary of State**

DOCUMENT# N17294

Entity Name: PINE WOODS HOMEOWNERS' ASSOCIATION OF PENSACOLA, INC.

Current Principal Place of Business:

New Principal Place of Business:

710 PINEY LANE
P. O. BOX 994
CANTONMENT, FL 32533 US

Current Mailing Address:

New Mailing Address:

P. O. BOX 994
CANTONMENT, FL 32533 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RANDELL, DONNA
701 PINEY LANE
CANTONMENT, FL 32533 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEAUCHAMP, ANTHONY
Address: 720 PINEY LANE
City-St-Zip: CANTONMENT, FL 32533

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV () Delete
Name: LEWIS, PAUL
Address: 790 PINEY LANE
City-St-Zip: CANTONMENT, FL 32533

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST () Delete
Name: RANDELL, DONNA
Address: 701 PINEY LANE
City-St-Zip: CANTONMENT, FL 32533

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Delete
Name: CROSBY, LARRY
Address: 705 PINEY LANE
City-St-Zip: CANTONMENT, FL 32533

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Delete
Name: MONDELLO, SCOTT
Address: 711 PINEY LANE
City-St-Zip: CANTONMENT, FL 32533

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY BEAUCHAMP

PRES

01/09/2009

Electronic Signature of Signing Officer or Director

Date