

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90028 043 ****61.25

DOCUMENT # N36785

1. Entity Name

PINWOOD LAKES COMMUNITY ASSOCIATION, INC.



Principal Place of Business

8359 BEACON BLVD
STE 417
FT MYERS FL 33907
US

Mailing Address

8359 BEACON BLVD
STE 417
FT MYERS FL 33907
US

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

6. Name and Address of Current Registered Agent

CORNERSTONE ASSOC. MGMT. INC.
8359 BEACON BLVD
STE 417
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

(If the new agent's name is not applicable)

FL

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DS ☒ Delete
NAME FERRI, FRANCINE
STREET ADDRESS 11711 PINWOOD LKS DR
CITY- ST- ZIP FORT MYERS FL 33913

TITLE DT ☐ Delete
NAME WRIGHT, BRIAN
STREET ADDRESS 12941 PARKLINE DR
CITY- ST- ZIP FORT MYERS FL 33913

TITLE DP ☐ Delete
NAME KUNST, LAUREL
STREET ADDRESS 13151 PARKLINE DR
CITY- ST- ZIP FORT MYERS FL 33913

TITLE DVP ☒ Delete
NAME DI FOLCO, SILVIO
STREET ADDRESS 11760 PINWOOD LAKES DR
CITY- ST- ZIP FORT MYERS FL 33913

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS ☐ Change ☒ Addition
NAME CARMEN MORALES
STREET ADDRESS 13161 PARKLINE DRIVE
CITY- ST- ZIP FT. MYERS, FL 33913

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DVP ☒ Change ☐ Addition
NAME KIM OWENS
STREET ADDRESS 11730 PINWOOD LAKES DRIVE
CITY- ST- ZIP FORT MYERS, FL 33913

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ 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 Section 119, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01 239-770-1785

Date

Daytime Phone #