

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36785

FILED
Apr 19, 2008
Secretary of State

Entity Name: PINEWOOD LAKES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

8359 BEACON BLVD
STE 417
FT MYERS, FL 33907 US

Current Mailing Address:

8359 BEACON BLVD
STE 417
FT MYERS, FL 33907 US

New Principal Place of Business:

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC
11940 FAIRWAY LAKES DR. SUITE 04
FT MYERS, FL 33913 US

New Mailing Address:

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC
11940 FAIRWAY LAKES DR. SUITE 04
FT MYERS, FL 33913 US

FEI Number: 65-0244990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NASSOIY, SHERRY
C/O CORNERSTONE ASSOCIATION MANAGEMENT INC
11940 FAIRWAY LAKES DRIVE SUITE 04
FORT MYERS, FL 33913 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: SHERRY NASSOIY

04/19/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: MORALES, CARMEN
Address: 13161 PARKLINE DR
City-St-Zip: FORT MYERS, FL 33913

Title: DT () Delete
Name: WRIGHT, BRIAN
Address: 12941 PARKLINE DR
City-St-Zip: FORT MYERS, FL 33913

Title: DP () Delete
Name: KUNST, LAUREL
Address: 13151 PARKLINE DR
City-St-Zip: FORT MYERS, FL 33913

Title: DVP () Delete
Name: OWENS, KIM
Address: 11730 PINEWOOD LAKES DR
City-St-Zip: FORT MYERS, FL 33913

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: MILLER, CLAYTON
Address: 11741 PINEWOOD LAKES DR.
City-St-Zip: FORT MYERS, FL 33913

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

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

Title: D () Change (X) Addition
Name: KALTENBORN, KATIE
Address: 11691 PINEWOOD LAKES DR.
City-St-Zip: FORT MYERS, FL 33913

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: SHERRY NASSOIY

RA

04/19/2008

Electronic Signature of Signing Officer or Director

Date