

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36785

FILED
Mar 03, 2011
Secretary of State

Entity Name: PINWOOD LAKES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD, STE 200
FT MYERS, FL 33919 US

New Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD, STE 200
FT MYERS, FL 33919 US

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD, STE 200
FT MYERS, FL 33919 US

New Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD, STE 200
FT MYERS, FL 33919 US

FEI Number: 65-0244990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT LLC
6719 WINKLER RD.
STE 200
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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:

Title: PD
Name: KALTENBORN, KATIE
Address: 11691 PINWOOD LAKES DR.
City-St-Zip: FORT MYERS, FL 33913

Title: VP
Name: DIFOLCO, SYLVIO
Address: 11760 PINWOOD LAKES DR.
City-St-Zip: FORT MYERS, FL 33913

Title: TS
Name: STEINMAN, DICK
Address: 11711 PINWOOD LAKES DR.
City-St-Zip: FORT MYERS, FL 33913

Title: D
Name: OWENS, RICK
Address: 11730 PINWOOD LAKES DR
City-St-Zip: FORT MYERS, FL 33913

I hereby 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 all other like empowered.

SIGNATURE: DICK STEINMAN

TS

03/03/2011

Electronic Signature of Signing Officer or Director

Date