

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State
 02-07-2000 90078 010 ****61.25

DOCUMENT # N41912

1. Entity Name

PINEWOODS LAKES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1200 MISTY PINES CIRCLE
 APT. 101
 NAPLES FL 34105
 US

1200 MISTY PINES CIRCLE
 APT. 101
 NAPLES FL 34105-2579
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTERS, GEORGE M JR
 4412 WILDER ROAD
 NAPLES FL 34105

Name

MARY GRIMSLEY

Street Address (P.O. Box Number is Not Acceptable)

1200 MISTY PINES CIRCLE 101

NAPLES

FL Zip Code **34105**

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.

SIGNATURE

Mary Grimsley

MARY GRIMSLEY, TREASURER

2-1-00

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **EICHHORN, GORDON**
 STREET ADDRESS **1600 MISTY PINES CIRCLE**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **FLYNN, HULDINE**
 STREET ADDRESS **800 MISTY PINES CIRCLE**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE Change Add
 NAME **John Goode**
 STREET ADDRESS **2216 Pine Woods Cr**
 CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **TD** Delete
 NAME **WALTERS, JR G M**
 STREET ADDRESS **4412 WILDER ROAD**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE Change Add
 NAME **MARY GRIMSLEY**
 STREET ADDRESS **1200 Misty Pines Cr**
 CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **SD** Delete
 NAME **GRIMSLEY, MARY**
 STREET ADDRESS **1200 MISTY PINES CIRCLE**
 CITY-ST-ZIP **NAPLES FL**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GOODE, JOHN**
 STREET ADDRESS **2216 PINWOODS CIRCLE**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE Change Add
 NAME **Tom DRAPER**
 STREET ADDRESS **4406 Wilder Rd**
 CITY-ST-ZIP **NAPLES, FL 34105**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Grimsley
REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00

941-649-6321

Date

Daytime Phone #