

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90176 019 ****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
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRIMSLEY, MARY
1200 MISTY PINES CIR #101
NAPLES FL 34105

Name

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

City

FL

Zip Code

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

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

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 Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **VD** Delete
 NAME: **GOODE, JOHN**
 STREET ADDRESS: **2216 PINE WOODS CIR**
 CITY-ST-ZIP: **NAPLES FL 34105**

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

TITLE: **TD** Delete
 NAME: **GRIMSLEY, MARY**
 STREET ADDRESS: **1200 MISTY PINES CIR**
 CITY-ST-ZIP: **NAPLES FL 34105**

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

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

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

TITLE: **D** Delete
 NAME: **DRAPER, TOM**
 STREET ADDRESS: **4406 WILDER RD**
 CITY-ST-ZIP: **NAPLES FL 34105**

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

TITLE: **D** Delete
 NAME: **WORRELL, OLLIE**
 STREET ADDRESS: **800 MISTY PINE SCT #106**
 CITY-ST-ZIP: **NAPLES FL 34105**

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 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
MARY GRIMSLEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-02

Date

941-649-6326

Daytime Phone #

CRE037 (9/01)