


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90023 021 ****61.25

DOCUMENT # N41912			
1. Entity Name PINEWOODS LAKES ASSOCIATION, INC.			
Principal Place of Business 1200 MISTY PINES CIRCLE APT. 101 NAPLES, FL 34105 US		Mailing Address 1200 MISTY PINES CIRCLE APT. 101 NAPLES, FL 34105 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02132004		Chg-NP CR2E037 (10/03)	
4. FEI Number NOT APPLICABLE			Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$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 entry 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD EICHHORN, GORDON 1600 MISTY PINES CIRCLE NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD GOODE, JOHN 2216 PINE WOODS CIR NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD GRIMSLEY, MARY 1200 MISTY PINES CIR NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD GRIMSLEY, MARY 1200 MISTY PINES CIRCLE NAPLES, FL <input checked="" type="checkbox"/> Delete	TITLE	SD Ellen Antonacchio <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	2452 Pinewoods Cr.
CITY-ST-ZIP		CITY-ST-ZIP	Naples, Fl. 34105
TITLE	D DRAPER, TOM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	4406 WILDER RD	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34105	CITY-ST-ZIP	
TITLE	D WORRELL, OLLIE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	800 MISTY PINE SCT #106	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34105	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: <i>Mary Grimsley</i>		Date: <i>2/26/04</i> 239-649-6326	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	