


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90110 046 ****61.25

DOCUMENT # N41912
 1. Entity Name
PINEWOODS LAKES ASSOCIATION, INC.



Principal Place of Business Mailing Address
1200 MISTY PINES CIRCLE **C/O FINANCIAL MANAGEMENT SERVICES**
APT. 101 **P.O. BOX 11496**
NAPLES, FL 34105 **NAPLES FL 34101-1496**
US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1600 MISTY PINE CIRCLE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
APT 202
 City & State City & State
NAPLES, FL.
 Zip Country Zip Country
34105 **COLLIER**

1st MOORE CR2E037 (10/06)
 4. FEI Number **NO-T APPLICABLE** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GRIMSLEY, MARY
1200 MISTY PINES CIR #101
NAPLES FL 34105

7. Name and Address of New Registered Agent
 Name **GORDON EICHHORN**
 Street Address (P.O. Box Number is Not Acceptable)
1600 MISTY PINE CIRCLE # 202
 City **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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Gordon J. Eichhorn* DATE 3/2/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	EICHHORN, GORDON	
STREET ADDRESS	1600 MISTY PINES CIRCLE	
CITY - ST - ZIP	NAPLES FL 34105	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOODE, JOHN	
STREET ADDRESS	2216 PINE WOODS CIR	
CITY - ST - ZIP	NAPLES FL 34105	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GRIMSLEY, MARY	
STREET ADDRESS	1200 MISTY PINES CIR	
CITY - ST - ZIP	NAPLES FL 34105	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANTONACCHIO, ELLEN	
STREET ADDRESS	2452 PINWOODS CR	
CITY - ST - ZIP	NAPLES FL 34105	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENSEN, RICHARD	
STREET ADDRESS	600 MISTY PINES CIRCLE # 104	
CITY - ST - ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD SENSEN	
STREET ADDRESS	600 MISTY PINE CIRCLE # 104	
CITY - ST - ZIP	NAPLES, FL. 34105	
TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARETE WEBER	
STREET ADDRESS	1400 MISTY PINE CIRCLE # 202	
CITY - ST - ZIP	NAPLES, FL. 34105	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLEN ANTONACCHIO	
STREET ADDRESS	2452 PINWOOD CIRCLE	
CITY - ST - ZIP	NAPLES, FL. 34105	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN GOODE	
STREET ADDRESS	2216 PINWOOD CIRCLE	
CITY - ST - ZIP	NAPLES, FL. 34105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Gordon J. Eichhorn* Date 3/2/07 Drytime Phone # 239-263-8318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR