

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41912

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: PINEWOODS LAKES ASSOCIATION, INC.

**Current Principal Place of Business:**

1600 MISTY PINES CIRCLE  
APT. 202  
NAPLES, FL 34105 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O FINANCIAL MANAGEMENT SERVICES  
P.O. BOX 11496  
NAPLES, FL 341011496

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EICHHORN, GORDON  
1600 MISTY PINES CIR #202  
NAPLES, FL 34105 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 ( ) Delete  
Name: EICHHORN, GORDON  
Address: 1600 MISTY PINES CIRCLE  
City-St-Zip: NAPLES, FL 34105

Title: VD ( ) Delete  
Name: JENSEN, RICHARD  
Address: 600 MISTY PINE CIRCLE #104  
City-St-Zip: NAPLES, FL 34105

Title: STD ( ) Delete  
Name: WEBER, MARGARETE  
Address: 1400 MISTY PINE CIRCLE #202  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: ANTONACCHIO, ELLEN  
Address: 2452 PINEWOODS CR  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: HARRISON, SIMPSON  
Address: 4447 WIDER ROAD  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CARROL, PETER  
Address: 1600 MISTY PINES CIRCLE  
City-St-Zip: NAPLES, FL 34105

Title: D (X) Change ( ) Addition  
Name: HARRISON, SIMPSON  
Address: 4447 WILDER ROAD  
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAWN MCCULLOUGH

ACCT

04/29/2009

Electronic Signature of Signing Officer or Director

Date