

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90171 034 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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	GRIMSLEY, MARY	
STREET ADDRESS	1200 MISTY PINES CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRAPER, TOM	
STREET ADDRESS	4406 WILDER RD	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	<input type="checkbox"/> Delete
NAME	WORRELL, OLLIE	
STREET ADDRESS	800 MISTY PINE SCT #106	
CITY-ST-ZIP	NAPLES FL 34105	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
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 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* **URED**

2/20/03 **239-649-6326**

CR2E037 (10/02)