



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90038 024 \*\*\*\*70.00

<b>DOCUMENT # N95000003985</b> 1. Entity Name PINEWOOD HOMEOWNERS' ASSOCIATION OF VOLUSIA COUNTY, INC.					
Principal Place of Business 1030 W. SEAGATE DR. DELTONA, FL 32725 US			Mailing Address 1030 W. SEAGATE DR. DELTONA, FL 32725 US		
2. Principal Place of Business - No P.O. Box # <b>1253 Catalina Blvd</b>		3. Mailing Address <b>1253 Catalina Blvd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Deltona, FL</b>		City & State <b>Deltona, FL</b>			
Zip <b>32725</b>		Zip <b>32725</b>			
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  ANTHONY, DIANE 1030 W. SEAGATE DR. DELTONA, FL 32725			7. Name and Address of New Registered Agent  Name <b>Steve Trebon</b> Street Address (P.O. Box Number is Not Acceptable) <b>1253 Catalina Boulevard</b>  City <b>Deltona</b> FL Zip Code <b>32725</b>		
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 <u><i>Steve Trebon</i></u> DATE <b>4-14-08</b> <small>Signature is, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANTHONY, DIANE 1030 W. SEAGATE DR. DELTONA, FL 32725	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TREBON, STEVE 1253 CATALINA BLVD DELTONA, FL 32725	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAAG, STEVE 1248 CATALINA BLVD DELTONA, FL 32725	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CABRERA, MANUEL 1078 W. SEAGATE DR DELTONA, FL 32725	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Steve Trebon</i></u> <b>STEVE TREBON</b> <b>4-14-08</b> <b>954-317-2628</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					