


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90013 005 ****61.25

DOCUMENT # N97000003458

1. Entity Name
PINEWOOD NEIGHBORHOOD ASSOCIATION INC.



Principal Place of Business
**1701 SOUTH 8TH ST
FT PIERCE, FL 34950**

Mailing Address
**1701 SOUTH 8TH ST
FT PIERCE, FL 34950**

2. Principal Place of Business
1701 So 8th St
Suite, Apt. #, etc.

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

City & State
FT Pierce, FL

City & State
City & State

Zip
34950

Country
St Lucie

4. Name and Address of Current Registered Agent
**MOORE, BEN
1701 SOUTH 8TH ST
FT PIERCE, FL 34950**

7. Name and Address of New Registered Agent
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 _____

**Filing Fee is \$61.25
Due by September 6, 2006**

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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, BEN		NAME		
STREET ADDRESS	1701 58TH ST		STREET ADDRESS		
CITY - ST - ZIP	FT PIERCE, FL 34950		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEATHERS, SARAH B		NAME		
STREET ADDRESS	711 OHIO AVE		STREET ADDRESS		
CITY - ST - ZIP	FT PIERCE, FL 34950		CITY - ST - ZIP		
TITLE	O	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, BEN		NAME		
STREET ADDRESS	17013 8 ST		STREET ADDRESS		
CITY - ST - ZIP	FT PIERCE, FL 34950		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEATHERS, SARAH		NAME		
STREET ADDRESS	711 OHIO HUFF		STREET ADDRESS		
CITY - ST - ZIP	FT PIERCE, FL 34950		CITY - ST - ZIP		
TITLE		<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		<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		

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: Sarah Weathers **6-1-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40098096



05242006 Chg-NP CR2E037 (4/06)

4. FEI Number
65-0766396

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**