

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-17-2008 90016 024 ****61.25

DOCUMENT # N99000000499

1. Entity Name
PINEWOOD FOREST HOMEOWNERS ASSOCIATION, INC.



40069566



Principal Place of Business
**4699 BREEZY PINES BLVD.
SARASOTA, FL 34232 US**

Mailing Address
**4699 BREEZY PINES BLVD.
SARASOTA, FL 34232 US**

2. Principal Place of Business - No P.O. Box #
PineWood Forest HOA

3. Mailing Address
2477 Stickney Point Rd

Suite, Apt. #, etc.
c/o Argus Property Mgmt.

Suite, Apt. #, etc.
Suite 118A

02112008 Chg-NP CR2E037 (12/06)

City & State
2477 Stickney Point Rd #118A

City & State
SARASOTA

Zip
34231

Country

Zip
34231

Country

4. FEI Number
65-0902929

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DERR, FRANCES A
4698 BREEZY PINES BLVD.
SARASOTA, FL 34232

7. Name and Address of New Registered Agent

Name
ARGUS PROPERTY MGMT.

Street Address (P.O. Box Number is Not Acceptable)
2477 Stickney Point Rd. #118A

City
SARASOTA

FL

Zip Code
34231

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 *Albrecht m. Stora* Vice-President 4-14-08

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 May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	DP DERR, FRANCES A 4698 BREEZY PINES BLVD. SARASOTA, FL 34232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MIGONE, DONNA 4627 BREEZY PINES BLVD. SARASOTA, FL 34232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PARIZO, SCOTT R 4699 BREEZY PINES BLVD SARASOTA, FL 34232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASTRO, NICHOLAS 7338 MEETING STREET UNIVERSITY PARK, FL 34201 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOUNTAIN, MATHEW 4747 BREEZY PINES BLVD. SARASOTA, FL 34232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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 checked="" 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: *Albrecht m. Stora* 4/9/08 941-251-3207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #