2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N99000000499

Entity Name: PINEWOOD FOREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ARGUS PROPERTY MGMT.
2477 STICKNEY POINT RD #118A
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

2477 STICKNEY POINT RD.
SUITE 118A
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 65-0902929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARGUS PROPERTY MGMT.
2477 STICKNEY POINT RD. #118A
SARASOTA, FL 34231 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:	DP	( ) Delete
Name:	DERR, FRANCES A	
Address:	4698 BREEZY PINES BLVD.	
City-St-Zip:	SARASOTA, FL 34232 US	
Title:	DS	( ) Delete
Name:	MIGONE, DONNA	
Address:	4627 BREEZY PINES BLVD.	
City-St-Zip:	SARASOTA, FL 34232 US	
Title:	TR	( ) Delete
Name:	PARIZO, SCOTT R	
Address:	4699 BREEZY PINES BLVD	
City-St-Zip:	SARASOTA, FL 34232 US	
Title:	D	( ) Delete
Name:	BENNETT, DON	
Address:	4687 BREEZY PINES BLVD.	
City-St-Zip:	SARASOTA, FL 34232 US	
Title:	VP	( ) Delete
Name:	FOUNTAIN, MATHEW	
Address:	4747 BREEZY PINES BLVD.	
City-St-Zip:	SARASOTA, FL 34232 US	

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

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: FRANCES DERR PD 04/15/2009
Electronic Signature of Signing Officer or Director — Date