

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 26 PM 3: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **994000030124**

1. Corporation Name
Pinewood Village, Inc.

Principal Place of Business Mailing Address
154 Park Avenue South (same)
Winter Park, Fl. 32789

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 3250 Mary Street 26 3250 Mary Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite-306 27 Suite-306
City & State City & State
23 Miami, Fl. 28 Miami, Fl.
Zip Country Zip Country
24 33133 25 29 33133 30

3. Date Incorporated or Qualified
4/20/94
4. FEI Number 59-3236620 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
B&C Corporate Services of Central Fla.
390 North Orange Avenue
Suite 1100
Orlando, Fl. 32801

10. Name and Address of New Registered Agent
81 Name Alan W. Levine, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 1110 Brickell Avenue, 7th Floor
83
84 City Miami FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Alan W. Levine, Esq. DATE 12/9/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	Michael L. Green
STREET ADDRESS	P.O. Box 2129
CITY-ST-ZIP	Winter Park, Fl.
TITLE	VP-T <input checked="" type="checkbox"/> DELETE
NAME	Harry W. Collison, Jr.
STREET ADDRESS	P.O. Box 2129
CITY-ST-ZIP	Winter Park, Fl.
TITLE	VP-S <input checked="" type="checkbox"/> DELETE
NAME	Philip F. Wood
STREET ADDRESS	P.O. Box 2129
CITY-ST-ZIP	Winter Park, Fl.
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/>
1.2 NAME	Paul C. Steinfurth
1.3 STREET ADDRESS	3250 Mary Street, Suite 306
1.4 CITY-ST-ZIP	Miami, Fl. 33133
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
2.2 NAME	000003119460--1
2.3 STREET ADDRESS	-02/01/00--01126--012
2.4 CITY-ST-ZIP	***150.00 ***150.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul C. Steinfurth DATE 12/9/99 (305) 447-1307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SP