

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90054 019 \*\*\*\*61.25

<b>DOCUMENT # N01000005480</b>					
<b>1. Entity Name</b> PINWOOD GROVE HOMEOWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> 7231 S.W. 63RD AVENUE SUITE 200 MIAMI, FL 33143			<b>Mailing Address</b> 7231 S.W. 63RD AVENUE SUITE 200 MIAMI, FL 33143		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b> 2500 NW 97th Ave		
Suite, Apt. #, etc.			(Suite) Apt. #, etc. 200		
<b>City &amp; State</b> Miami FL			<b>City &amp; State</b> Miami FL		
<b>Zip</b> 33172		<b>Country</b> DADE		<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ALONSO, LUIS 7231 S.W. 63RD AVENUE SUITE 200 MIAMI, FL 33143			<b>7. Name and Address of New Registered Agent</b> Name: Carlos Arkeage Street Address (P.O. Box Number is Not Acceptable): 2500 NW 97th Ave City: Miami FL Zip Code: 33172		
<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.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">                 SIGNATURE:  </div> <div style="width: 40%; text-align: right;">                 DATE: 3/29/04             </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> 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>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P,D <b>NAME</b> ALONSO, LUIS <b>STREET ADDRESS</b> 7231 S.W. 63RD AVENUE <b>CITY - ST - ZIP</b> MIAMI, FL 33143	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S,D <b>NAME</b> MOREIRA, DOMINGO A <b>STREET ADDRESS</b> 7231 S.W. 63RD AVENUE <b>CITY - ST - ZIP</b> MIAMI, FL 33143	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> M,D <b>NAME</b> MOREIRA, DOMINGO A <b>STREET ADDRESS</b> 7231 S.W. 63RD AVENUE <b>CITY - ST - ZIP</b> MIAMI, FL 33143	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. 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 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.</b>					
<b>SIGNATURE:</b>			Date: 3/29/04 (305) 444-6757		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					