


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000005480
 1. Entity Name
 PINWOOD GROVE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
 7231 S.W. 63RD AVENUE
 SUITE 200
 MIAMI, FL 33143

Mailing Address
 2500 NW 97TH NE, #200
 SUITE 200
 MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE



D1162006 No Chg-NP CR2E037 (11/05)

4. FEI Number
 NOT APPLICABLE Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ARTEAGA, CARLOS
 2500 NW 97TH NE, #200
 SUITE 200
 MIAMI, FL 33172

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

100000436312
 02/27/06-20031-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D ALONSO, LUIS 7231 S.W. 63RD AVENUE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,D MOREIRA, DOMINGO A 7231 S.W. 63RD AVENUE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M,D MOREIRA, DOMINGO A 7231 S.W. 63RD AVENUE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: [Signature] 2/16/05 (307) 444-6757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #