

**2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

2006 JUN 19 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06072006 Chg-NP CR2E037 (4/06)

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		2. Principal Place of Business	
3. Mailing Address 2200 NW 102 AVE		Suite, Apt. #, etc. Suite # 5	
City & State Miami FL		4. FEI Number NOT APPLICABLE	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33172		Country	
6. Name and Address of Current Registered Agent ARTEAGA, CARLOS 2500 NW 97TH NE, #200 SUITE 200 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name SPM Group Inc. Street Address (P.O. Box Number is Not Acceptable) 2200 NW 102 AVE Suite # 5 City Miami FL Zip Code 33172	
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: 6/14/06 (NOTE: Registered Agent signature required when reinstating)			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D ALONSO, LUIS 7231 S.W. 63RD AVENUE MIAMI, FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carlos Junco 9368 SW 98 COURT MIAMI, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,D MOREIRA, DOMINGO A 7231 S.W. 63RD AVENUE MIAMI, FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Director Julio Bell 9338 SW 98 COURT MIAMI, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M,D MOREIRA, DOMINGO A 7231 S.W. 63RD AVENUE MIAMI, FL 33143 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Carmen Inzarry 3655 NW 87th AVE Doral, FL 33178. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500076634415 06/27/06--01028--002 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete TS 6/21/06	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:		6/14/06 (305)431-6985	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	