


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL -3 PM 12:55

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 2200 NW 102 AVE SUITE 5 MIAMI, FL 33172	
2. Principal Place of Business c/o SPM Group Inc.		3. Mailing Address c/o SPM Group Inc.	
Suite, Apt. #, etc. 2200 NW 102 Ave, Suite 5		Suite, Apt. #, etc. 2200 NW 102 Ave, Suite 5	
City & State Miami, FL 33172		City & State Miami, FL	
Zip 33172	Country	Zip 33172	Country
6. Name and Address of Current Registered Agent SPM GROUP INC. 2200 NW 102 AVE SUITE 5 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City Plantation FL Zip Code 33324	
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. CORRIE BRYAN SIGNATURE <u>Corrie Bryan</u> SPECIAL ASSISTANT SECRETARY DATE <u>7/3/06</u> <small>Signature, typed or printed name of registered agent if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUNCO, CARLOS 9368 SW 98 COURT MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Junco, Carlos 9368 SW 98 Court Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JULIO 9338 SW 98 COURT MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T/D Bell, Julio 9338 SW 98 CT., Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IRIZARRY, CARMEN 3655 NW 87TH AVE DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Irizarry, Carmen PO Box 566180, Miami, FL 33256-6180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	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	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: <u>Carlos F. Junco</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>June 30, 2006</u> Daytime Phone #	



06282006 Chg-NP CR2E037 (4/06)

4. FEI Number 90-0108851 Applied For Not Applicable

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

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07/06/06 01041 001 ***51.25

M. Williams JUL - 9 2006