

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 23, 2008
Secretary of State**

DOCUMENT# N01000005480

Entity Name: PINWOOD GROVE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

9368 SW 98 CT
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

PO BOX 566182
MIAMI, FL 33256

New Mailing Address:

FEI Number: 90-0108851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAYTON-JUNCO, AIMEERENEE VPTSD
9368 SW 98 CT
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JUNCO, CARLOS F
Address: 9368 SW 98 COURT
City-St-Zip: MIAMI, FL 33176

Title: VTSD () Delete
Name: LAYTON-JUNCO, AIMEERENEE
Address: 9368 SW 98 COURT
City-St-Zip: MIAMI, FL 33176

Title: VD () Delete
Name: GAVIRIA, FRANCISCO
Address: 9366 SW 98TH AVENUE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS F. JUNCO

PRES

02/23/2008

Electronic Signature of Signing Officer or Director

_____ Date