


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90144 011 \*\*\*\*61.25

<b>DOCUMENT # N05000004444</b>					
1. Entity Name PINewood LAKE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4500 PGA BLVD. SUITE 400 PALM BEACH GARDENS, FL 33418			Mailing Address 4500 PGA BLVD. SUITE 400 PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business - No P.O. Box # 4901 VINELAND RD		3. Mailing Address c/o CAPITAL REALTY			
Suite, Apt. #, etc. SUITE 500		Suite, Apt. #, etc. 600 SANDTREE DR. #109			
City & State ORLANDO FL		City & State PALM BEACH GARDENS FL			
Zip 32811		Country USA		4. FEI Number 55-0910042	
Zip 33403		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DR. SUITE 109 WEST PALM BEACH, FL 33403			7. Name and Address of New Registered Agent Name: DONNA MCDONALD Street Address (P.O. Box Number is Not Acceptable): c/o CAPITAL REALTY 600 SANDTREE DR. #109 City: PALM BEACH GARDENS FL Zip Code: 33403		
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: <u>Donna McDonald</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>4-10-08</u> <small>(NOTE: Registered Agent signature required when reinstating.)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		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	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE P	GOMEZ, JAMES	<input checked="" type="checkbox"/> Delete	TITLE PD	JEFF MURRAY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4500 PGA BLVD., STE 400	PALM BEACH GARDENS, FL 33418		STREET ADDRESS 4901 VINELAND RD, STE. 500	ORLANDO FL 32811	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE DV	KOON, DAVID	<input checked="" type="checkbox"/> Delete	TITLE VD	DIANA CABRERA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4500 PGA BLVD., STE. 400	PALM BEACH GARDENS, FL 33418		STREET ADDRESS 4901 VINELAND RD, STE. 500	ORLANDO FL 32811	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE STD	COVELL, RICK	<input checked="" type="checkbox"/> Delete	TITLE STD	KIM EMERSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4500 PGA BLVD., STE. 400	PALM BEACH GARDENS, FL 33418		STREET ADDRESS 4901 VINELAND RD, STE 500	ORLANDO FL 32811	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Jeff Murray</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/22/08</u>		DAYTIME PHONE: <u>(407) 447-9600</u>