

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 AUG 20 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N05000004444</b> 1. Entity Name PINEWOOD LAKE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4901 VINELAND RD SUITE 500 ORLANDO, FL 32811			Mailing Address C/O CAPITAL REALTY 600 SANDTREE DR #109 PALM BEACH GARDENS, FL 33403		
2. Principal Place of Business - No P.O. Box # 600 SANDTREE DRIVE		3. Mailing Address Suite, Apt. #, etc. SUITE 109			
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL		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 MCDONALD, DONNA C/O CAPITAL REALTY 600 SANDTREE DR #109 PALM BEACH GARDENS, FL 33403			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, JEFF 4901 VINELAND RD STE 500 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D HERRERA, ANTHONY 1043 PINEWOOD LAKES CT GREENACRES, FL 33415
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CABRERA, DIANA 4901 VINELAND RD STE 500 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D HALSTEAD, PRESTON 1161 PINEWOOD LAKES CT GREENACRES, FL 33415
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EMERSON, KIM 4901 VINELAND RD STE 500 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D BINGHAM, JAMES 1033 PINEWOOD LAKES CT GREENACRES, FL 33415
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D JONES, DOUG 1026 PINEWOOD LAKES CT GREENACRES, FL 33415
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, KEVIN 1055 PINEWOOD LAKES CT GREENACRES, FL 33415
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS 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>Douglas Jones, Treasurer</u> <span style="float: right;">8/15/08 561-684-7321</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					