

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004444

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** PINEWOOD LAKE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

600 SANDTREE DRIVE  
SUITE 109  
PALM BEACH GARDENS, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CAPITAL REALTY  
600 SANDTREE DR #109  
PALM BEACH GARDENS, FL 33403

**New Mailing Address:**

**FEI Number:** 55-0910042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDONALD, DONNA  
C/O CAPITAL REALTY  
600 SANDTREE DR #109  
PALM BEACH GARDENS, FL 33403 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: HERRERA, ANTHONY  
Address: 1043 PINEWOOD LAKES CT.  
City-St-Zip: GREENACRE, FL 33415

Title: VPD ( ) Delete  
Name: HALSTEAD, PRESTON  
Address: 1161 PINEWOOD LAKES CT.  
City-St-Zip: GREENACRES, FL 33415

Title: SD ( ) Delete  
Name: BINGHAM, JAMES  
Address: 1033 PINEWOOD LAKES CT.  
City-St-Zip: GREENACRES, FL 33415

Title: TD ( ) Delete  
Name: JONES, DOUG  
Address: 1026 PINEWOOD LAKES CT  
City-St-Zip: GREENACRES, FL 33415

Title: D ( ) Delete  
Name: GONZALEZ, KEVIN  
Address: 1055 PINEWOOD LAKES CT.  
City-St-Zip: GREENACRES, FL 33415

**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:

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: DOUG JONES

TD

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date