2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006253

FILED Feb 09, 2007 Secretary of State

Entity Name: PINECREST AT INLET BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

204 SOUTH MONROE STREET TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

204 SOUTH MONROE STREET TALLAHASSEE, FL 32301

FEI Number: 47-0881832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BLANK, E P BLANK, F P

204 S MONROE ST 204 S MONROE ST

TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 32301 US

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: F. PHILIP BLANK 02/09/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

SANTA ROSA BEACH, FL 32459

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SANTA ROSA BEACH, FL 32459

Title: PD () Delete Title: D (X) Change () Addition

 Name:
 BLANK, F P
 Name:
 BLANK, F P

 Address:
 204 SOUTH MONROE ST
 Address:
 204 SOUTH MONROE ST

Address: 204 SOUTH MONROE ST

City-St-Zip: TALLAHASSEE, FL 32301

City-St-Zip: TALLAHASSEE, FL 32301

Title: VPD () Delete Title: PD (X) Change () Addition Name: WALLACE, WILLIAM Name: WALLACE, WILLIAM

Address: 3338 THOMAS AVENUE Address: 3338 THOMAS AVENUE City-St-Zip: MONTGOMERY, AL 36111 City-St-Zip: MONTGOMERY, AL 36111

Title: () Delete Title: VPD (X) Change () Addition COLLINS, LAWRENCE W COLLINS, LAWRENCE W Name: Name: 2548 ROOKSWORTH COVE Address: Address: 2548 ROOKSWORTH COVE City-St-Zip: GERMANTOWN, TN 38139 City-St-Zip: GERMANTOWN, TN 38139

Title: SD () Delete Title: D (X) Change () Addition

Name: LOMBARD, RICHARD Name: MULLINS, HAL
Address: 26 CENTRAL DR Address: P O BOX 9111

City-St-Zip: MANHASSET, NY 11030 City-St-Zip: MIRIMAR BEACH, FL 32550

Title: D () Delete Title: STD (X) Change () Addition Name: MOORE, MICHAEL Name: MOORE, MICHAEL

Address: P. O. BOX 1669 Address: P. O. BOX 1669

I hereby certify that the information supplied with this filing does not qualify for the 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

City-St-Zip:

SIGNATURE: F. PHILIP BLANK D 02/09/2007

above, or on an attachment with an address, with all other like empowered.