2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N01000000951

Entity Name: PINEY WOODS BEACH HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

107 RIDLEY AVENUE
LAGRANGE, GA 30240

New Principal Place of Business:

Current Mailing Address:

107 RIDLEY AVENUE
LAGRANGE, GA 30240

New Mailing Address:

FEI Number: 58-2615378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBSON, THOMAS S
206 EAST FOURTH STREET
PORT ST. JOE, FL 32456 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:	DPT	( ) Delete
Name:	SMITH, ELLIS C	
Address:	107 RIDLEY AVENUE	
City-St-Zip:	LAGRANGE, GA 30240	
Title:	DS	( ) Delete
Name:	ROMAN, CHRIS	
Address:	202 VICTORIA DRIVE	
City-St-Zip:	LAGRANGE, GA 30240	
Title:	DVP	( ) Delete
Name:	WOJTCZACK, THOMAS R	
Address:	6255 HOLLAND DRIVE	
City-St-Zip:	CUMMING, GA 30041	
Title:	DVP	( ) Delete
Name:	THORNTON, JAMES C	
Address:	200 CHURCH STREET	
City-St-Zip:	LAGRANGE, GA 30240	

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:	

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: JAMES C THORNTON DVP 03/20/2009

Electronic Signature of Signing Officer or Director — Date