2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006759

Entity Name: PINE LOG OWNERS ASSOCIATION, INC.

Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

245 RIVERSIDE AVENUE SUITE 500 JACKSONVILLE, FL 32202

Current Mailing Address: New Mailing Address:

245 RIVERSIDE AVENUE 245 RIVERSIDE AVENUE SUITE 500 ATTN: LEGAL DEPT - SUSAN WHITLATCH SUITE 500, ATTN: LEGAL DEPT JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202

FEI Number: 55-0795063 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:

MARX, CHRISTINE M 245 RIVERSIDE AVENUE SUITE 500 JACKSONVILLE, FL 32202 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP (X) Change () Addition () Delete WATSON, WILLIAM J JR. WEIDENHALF, JOHN Name: Name: 100 BECKRICH RD STE 200 Address: 100 BECKRICH RD STE 200 Address: City-St-Zip: PANAMA CITY BCH, FL 32407 City-St-Zip: PANAMA CITY BCH, FL 32407

(X) Change () Addition Title: () Delete Title: BUTLER, WILLIAM F Name: GIBBONS, SABRINA Name: Address: 1400 OVEN PARK DR Address: 100 BECKRICH RD STE 200 City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: DVT () Delete Title: (X) Change () Addition

REGAN, MICHAEL N Name: COVELL, SCOTT M Name: 245 RIVERSIDE AVENUE, SUITE 500 100 BECKRICH RD STE 200 Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: PANAMA CITY BCH, FL 32407

Title: () Delete Title: (X) Change () Addition Name: CONRAD, LAURA K Name: JONES, PHILIP B

1400 OVEN PARK DRIVE 245 RIVERSIDE AVE STE 500 Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: JACKSONVILLE, FL 32202

Title: Title: () Delete () Change () Addition

MARX, CHRISTINE M Name: Name: 245 RIVERSIDE AVENUE, SUITE 500 Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip:

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

CHILDERS, DAVID F III Name: Name:

Address: Address: 245 RIVERSIDE AVENUE, SUITE 500 JACKSONVILLE, FL 32202 City-St-Zip: 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: SCOTT M COVELL S 04/30/2007