2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006435

FILED Feb 05, 2007 Secretary of State

Entity Name: PINEY-Z PHASE 9 PROPERTY OWNERS ASSOCIATION, INC.

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

1002 WEST 23RD ST. 2417 FLEISCHMANN RD.

SUITE 400 UNIT 1

PANAMA CITY, FL 32405 US TALLAHASSEE, FL 32308 US

Current Mailing Address: New Mailing Address:

1002 WEST 23RD ST. 2417 FLEISCHMANN RD.

SUITE 400 UNIT 1

PANAMA CITY, FL 32405 US TALLAHASSEE, FL 32308 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

MURPHY, KIMBERLY
1002 WEST 23RD ST.
SUITE 400

PINEY-Z LAND COMPANY, LLC
2417 FLEISCHMANN RD.
UNIT 1

PANAMA CITY, FL 32405 US TALLAHASSEE, FL 32308 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: G ZINS 02/05/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 CHAPMAN, JOSEPH F IV
 Name:
 ZINS, GARY

 Address:
 1002 WEST 23RD ST., SUITE 400
 Address:
 2417 FLEISCHMANN RD.

 City-St-Zip:
 PANAMA CITY, FL 32405 US
 City-St-Zip:
 TALLAHASSEE, FL 32308 US

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

Name: HENRY, ROBERT F III Name: ZINS, JULIE

 Address:
 1002 WEST 23RD ST., SUITE 400
 Address:
 2417 FLEISCHMANN RD.

 City-St-Zip:
 PANAMA CITY, FL 32405 US
 City-St-Zip:
 TALLAHASSEE, FL 32308 US

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

 Name:
 MURPHY, KIMBERLY
 Name:

 Address:
 1002 WEST 23RD ST., SUITE 400
 Address:

 City-St-Zip:
 PANAMA CITY, FL 32405 US
 City-St-Zip:

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

SIGNATURE: GARY ZINS P 02/05/2007