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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19881**

1. Corporation Name

PINEY POINT HOMEOWNERS, INC.

Principal Place of Business	Mailing Address
% WILLIAM R. KORP 8600 29 AVE E. BOX 279 PALMETTO FL 34221 US	% WILLIAM R. KORP 8600 29 AVE E. BOX 279 PALMETTO FL 34221 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 8624 29th Ave. E. Suite, Apt. #, etc.	26 8624 29th Ave. E. Suite, Apt. #, etc.	03/31/1987
22 Palmetto, FL City & State	27 Palmetto, FL City & State	4. FEI Number 65-0056054 ☐ Applied For ☐ Not Applicable
23 34221 USA Zip Country	28 34221 USA Zip Country	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 25	29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KORP, WILLIAM R. 333 SOUTH TAMIAMI TRAIL SUITE 199 VENICE FL 34285	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	CURLEY, BETTY		1.2 NAME	Huey, Dean	
STREET ADDRESS	8600 29THJ AVE E #246		1.3 STREET ADDRESS	8600 29th Ave. #355	
CITY-ST-ZIP	PALMETTO FL		1.4 CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	HOOVER, HERBERT E.		2.2 NAME	Hartong, James	
STREET ADDRESS	8600 29THA VE E. #278		2.3 STREET ADDRESS	8600 29th Ave. E. #335	
CITY-ST-ZIP	PALMETTO FL		2.4 CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	LONG, ALVIN		3.2 NAME	Ernest Korchma	
STREET ADDRESS	8600 29TH AVENUE E BOX 133		3.3 STREET ADDRESS	8600 29th Ave. E.320	
CITY-ST-ZIP	PALMETTO FL		3.4 CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARTZ, KENNETH H		4.2 NAME		
STREET ADDRESS	8600 29TH AVE E. #187		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PLATT, CHARLES		5.2 NAME		
STREET ADDRESS	8600 29TH AVENUE E BOX 301		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — Alvin Long 2-27-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #