SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 PM 10:16

DOCUMENT # N94000003658 (1)

1. Corporation Name

PINEY NOOK COTTAGES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
19607 ~~19657~~ GULF BLVD. INDIAN SHORES FL ~~34636~~ 34635	19607 ~~19657~~ GULF BLVD. INDIAN SHORES FL ~~34636~~ 34635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1994
3a. Date of Last Report:
4. FEI Number: ☑ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 19607 Gulf Blvd	26 19607 Gulf Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Indian Shores, FL	28 City & State: Indian Shores, FL
24 Zip: 34635 25 Country: Pinellas	29 Zip: 34635 30 Country: Pinellas

9. Name and Address of Current Registered Agent

STRAUBINGER, PAUL R
19657 GULF BLVD.
INDIAN SHORES FL 34635

10. Name and Address of New Registered Agent

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 the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	STRAUBINGER, PAUL R	12 NAME	
STREET ADDRESS	19657 GULF BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL 34635	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	STRAUBINGER, PATRICIA A	22 NAME	
STREET ADDRESS	19657 GULF BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL 34635	24 CITY-ST-ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	BAPTISTE, ANGELA M	32 NAME	
STREET ADDRESS	19657 GULF BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL 34635	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Angela M. Baptiste Secty 6/17/95 813-595-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016484