

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003658

**FILED**  
**Apr 29, 2007**  
**Secretary of State**

**Entity Name:** PINEY NOOK COTTAGES ASSOCIATION, INC.

**Current Principal Place of Business:**

11417 HARBORSIDE CIRCLE  
LARGO, FL 33773 US

**New Principal Place of Business:**

19718 GULF BLVD.  
#1  
INDIAN SHORES, FL 33785 US

**Current Mailing Address:**

11417 HARBORSIDE CIRCLE  
LARGO, FL 33773 US

**New Mailing Address:**

19718 GULF BLVD.  
#1  
INDIAN SHORES, FL 33785 US

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

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

HAYES, CHARLES J  
11417 HARBORSIDE CIRCLE  
LARGO, FL 33773 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: P ( ) Delete  
Name: HAYES, CHARLES J  
Address: 11417 HARBORSIDE CIRCLE  
City-St-Zip: LARGO, FL 33773 US

Title: S ( ) Delete  
Name: SMITH, LYNN  
Address: 5135 LURGAN ROAD  
City-St-Zip: LAND O LAKES, FL 34638

Title: T ( ) Delete  
Name: BILLINGS, ERLETTA  
Address: 19718 GULF BLVD. #1  
City-St-Zip: INDIAN SHORES, FL 33785

**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:

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: ERLETTA BILLINGS

T

04/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date