

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003658

FILED
Apr 07, 2008
Secretary of State

Entity Name: PINEY NOOK COTTAGES ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

19718 GULF BLVD.
#4
INDIAN SHORES, FL 33785 US

New Mailing Address:

7180 HIDDEN ACRES WAY
SEMINOLE, FL 33772 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:

SHIRER, ROBERT
7180 HIDDEN ACRES WAY
SEMINOLE, FL 33772 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: ROBERT SHIRER

04/07/2008

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHIRER, ROBERT
Address: 7180 HIDDEN ACRES WAY
City-St-Zip: SEMINOLE, FL 33772 US

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

Title: T (X) Change () Addition
Name: BILLINGS, EARLETTA
Address: 19718 GULF BLVD. #1
City-St-Zip: INDIAN SHORES, FL 33785 US

Title: VP () Change (X) Addition
Name: DICKSON, JERRY
Address: 19718 GULF BLVD. #3
City-St-Zip: INDIAN SHORES, FL 33785 US

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: LYNN L. SMITH

S

04/07/2008

Electronic Signature of Signing Officer or Director

Date