2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002568

FILED Apr 20, 2009 Secretary of State

Entity Name: PINEY POINT ACTIVITIES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8624 29TH AVE E US PALMETTO, FL 34221 **Current Mailing Address: New Mailing Address:** 9026 32ND AVE E PALMETTO, FL 34221 US FEI Number: 65-0749321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HANKS, SUSAN C. CPA % PEAĆOCK & COMPANY, PA 133 S. HARBOR DRIVE VENICE, FL 34285 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: 1VP () Delete (X) Change () Addition POWELL, BART POWELL, BART Name: Name: 92ND ST. CT. E. Address: 92ND ST. CT. E. Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: PALMETTO, FL 34221 Title: Title: (X) Change () Addition () Delete DOHLEY, THEESA Name: ASHLEY, THERESA Name: Address: 9116 31 ST AVE. E. Address: 9116 31 ST AVE. E. City-St-Zip: PALMETTO, FL 34221 City-St-Zip: PALMETTO, FL 34221 Title: () Delete Title: 1VP (X) Change () Addition WELLINGTON, DUKE LEY, WILLIAM Name: Name: 3206 93RD ST EAST 8623 AVE 29TH AVE. E Address: Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: PALMETTO, FL 34221 () Delete Title: DT Title: () Change () Addition DANIELOWICZ, MARLENE Name: Name: Address: 8815 29TH AVE E Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: 2VP () Delete Title: () Change () Addition HOPKINS, CHARLES Name: Name: 3202 93RD ST. E. Address: Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: () Delete Title: () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

ROBERTS, JUDY

9015 28TH AVE. DR. E PALMETTO, FL 34221

SIGNATURE: MARLENE DANIELOWICZ T 04/20/2009

Name:

Address:

City-St-Zip: