## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999\_\_\_\_

## DOCUMENT # N9700005965

Country

1. Corporation Name

THE PINEY Z PLANTATION HOMEOWNERS ASSOCIATION, I

Principal Place of Business								
1002 W. 23RD STREET								
SUITE 400								
PANAMA CITY FL 32405								

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

Zip

Mailing Address

1002 W. 23RD STREET SUITE 400

PANAMA CITY FL 32405

2a. Mailing Address

City & State

27

28

Zip

Suite, Apt. #, etc.



04-23-1999 90112 019 \*\*\*\*70.00

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

**APPLIED FOR** 59-3569696

4/20/99

(850)769-8981

10/22/1997

4. FEI Number

24	25	29	30				Trust Fund Contribution Added to Fees				
	9. Name and Address	of Current Registered Age	int				10. Name and Address of	f New Registered	Agent		
			<del>_</del>	81	Name						
HENRY, ROBERT F III					Street	Addres	ss (P.O. Box Number is Not	Acceptable)			
1002 W. 23RD STREET					82 Street Address (P.O. Box Number is Not Acceptable)						
SUITE 400				83							
	OITY FL 32405			-					85 Zip C	ode	
PANAMA (	JII I I 32403			84	City			FL	_  65  2.00	000	
office or n	egistered agent or hoth in	ns 617.0502 and 617.1508, F the State of Florida. Such c the obligations of, Section 6	hande was authi	onzea by	tne com	corpor oration	ration submits this statemen 's board of directors. I here	t for the purpose of by accept the appo	changing its intrent as reg	registered istered	
SIGNATURE	•	•						DATE			
		registered agent and title if applicable.	(NOTE: Reg		nt signature	required v	when reinstating) ADDITIONS/CHANGES		ND DIRECTO	RS IN 12	
12.		ICERS AND DIRECTORS	3 DELETE	13.		1	ADDITIONS/CHANGES	TO OTTIOERO A	Change	Addition	
TIFLE	P/D	_	] DELETE	1.1 TITLE					C) curingo		
NAME	HOLLAND, WILLIAM E			1.2 NAME							
STREET ADDRESS	1002 W. 23RD ST., SU			1.3 STREE	TADDRESS			•			
CITY-ST-ZIP	PANAMA CITY FL 324			1.4 CITY-S	T-ZIP	<u></u>			Change	Addition	
TITLE	S/D	Į.	DELETE	2.1 TTLE		)			Cuange	[_] Addition	
NAME .	HENRY, ROBERT F III			2.2 NAME					i		
STREET ADDRESS	1002 W. 23RD ST., SU	JITE 400		2.3 STREE	TADDRESS			•	•		
CITY-ST-ZIP	PANAMA CITY FL 324	05		2. 4 CITY-5	ST-ZIP			· · · · · · · · · · · · · · · · · · ·			
TITLE	D		DELETE	3.1 TITLE					☐ Change	☐ Addition	
NAME	CHAPMAN, JOEY			3.2 NAME							
STREET ADDRESS	1002 W. 23RD ST., St	JITE 400		3.3 STREE	T ADDRESS	1					
CITY-ST-ZIP	PANAMA CITY FL 324	05		3.4. CITY-5	ST-ZIP						
TITLE			DELETE	4.1 TITLE					Change	☐ Addition	
NAME		•	,	4. 2 NAME							
STREET ADDRESS				4.3 STREE	TADDRESS						
CITY-ST-ZIP	·			4.4 CITY-S	ST-ZIP						
TITLE			DELETE	5.1 TITLE			· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
NAME				5.2 NAME						ļ	
STREET ADDRESS				5.3 STREE	T ADDRESS					Ì	
CITY-ST-ZIP				5.4 CITY-5	ST-ZIP						
TITLE			DELETE	6.1 TTLE					Change	☐ Addition	
NAME	,			6.2 NAME					•		
STREET ADDRESS				6.3 STREE	T ADDRESS	1					
•				6.4 CITY-S	ST-ZIP						
14. I hereby	certify that the information:	supplied with this filing does	not qualify for th	e exemp	tion state	d in Se	ection 119.07(3)(i), Florida S	Statutes. I further ce	rtify that the in	nformation	
indicated	on this annual report of su	pplemental annual report is or the receiver or trustee em on an attachment with an ad	true and accurat	e and tha cute this i	report as	require					

Country