2000 UNIFORM BUSINESS REPORT (UBR)

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address, with all other like empowered

FILED DOCUMENT # N9700005965 May 03, 2000 8:00 am Secretary of State PINEY-Z HOMEOWNERS ASSOCIATION, INC. 05-03-2000 90126 027 ****70.00 Principal Place of Business Mailing Address 950 VIRGIL RD OSO VIRCIL PD ... TALLAHASSEE FL 32301 --TALLAHASSEE FL 32301 OHUAUU 3. Mailing Address 2. Principal Place of Business <u> 1002 W. 23RD STREET</u> Suite, Apt. #, etc. SUITE 400 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State PANAMA CITY, FL 59-3569696 Not Applicable Country Zip Country Zip 32405 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HENRY, ROBERT F III 1002 W. 23RD STREET SUITE 400 City Zip Code PANAMA CITY FL 32405 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE IP/D Delete TITLE NAME HOLLAND. WILLIAM E III NAME STREET ADDRESS STREET ADDRESS 1002 W. 23RD ST., SUITE 400 CITY-ST-78P CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Addition ☐ Change TITI F STD ☐ Delete TITLE NAME Henry, Robert f III NAME STREET ADDRESS STREET ADDRESS 1002 W. 23RD ST., SUITE 400 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 TITLE VD ☐ Delete TITLE PD Change ☐ Addition CHAPMAN, JOEY NAME CHAPMAN, JOEY NAME STREET ADDRESS STREET ADDRESS 1002 W. 23RD ST., SUITE 400 1002 W. 23RD ST., SUITE 400 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 PANAMA CITY, FL 32405 ☐ Delete TITLE ☐ Change Addition NAME CHAPMAN, JOSEPH F., III NAME STREET ADDRESS STREET ADDRESS 1002 W. 23RD ST., SUITE 400 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 32405 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental 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 requiremental report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

tet: Henry