

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90041 020 ****61.25

DOCUMENT # N97000005965 1. Entity Name PINEY-Z HOMEOWNERS ASSOCIATION, INC.													
Principal Place of Business 950 PINEY Z PLANTATION RD. TALLAHASSEE, FL 32311				Mailing Address 950 PINEY Z PLANTATION RD. TALLAHASSEE, FL 32311									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.											
City & State		City & State		01112005 Chg-NP CR2E037 (10/03)									
Zip		Country		4. FEI Number 59-3569696									
5. Certificate of Status Desired ☐		Applied For Not Applicable											
6. Name and Address of Current Registered Agent ROBERTS, KYLE 950 PINEY Z PLANTATION RD. TALLAHASSEE, FL 32311													
7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Name</td> <td style="width:50%; padding: 2px;">Kelly, Mildred</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td style="padding: 2px;">950 Piney Z Plantation Rd</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Tallahassee, FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td style="padding: 2px;">32311</td> </tr> </table>						Name	Kelly, Mildred	Street Address (P.O. Box Number is Not Acceptable)	950 Piney Z Plantation Rd	City	Tallahassee, FL	Zip Code	32311
Name	Kelly, Mildred												
Street Address (P.O. Box Number is Not Acceptable)	950 Piney Z Plantation Rd												
City	Tallahassee, FL												
Zip Code	32311												
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Mildred Kelly</u> DATE: <u>2-8-05</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signatures required when retreating)													
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution: ☐		\$5.00 May Be Added to Fees									
Make check payable to: Florida Department of State													
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10										
TITLE	S ROBERTS, KYLE	☒ Delete	TITLE	P Kelly, Mildred	☒ Change ☐ Addition								
NAME	ROBERTS, KYLE		NAME	Kelly, Mildred									
STREET ADDRESS	950 PINEY Z PLANTATION RD.		STREET ADDRESS	950 Piney Z Plantation Rd									
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tallahassee, FL 32311									
TITLE	V	☐ Delete	TITLE	V	☒ Change ☐ Addition								
NAME	VACCARD, CLAUDIA		NAME	Vaccard, Claudia									
STREET ADDRESS	950 PINEY-Z PLANTATION ROAD		STREET ADDRESS	950 Piney Z Plantation Rd									
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tallahassee, FL 32311									
TITLE	T	☒ Delete	TITLE	S	☐ Change ☒ Addition								
NAME	SCHNEIDER, EVELYN		NAME	HighTower, Tonya									
STREET ADDRESS	950 PINEY-Z PLANTATION ROAD		STREET ADDRESS	950 Piney Z Plantation Rd									
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tallahassee, FL 32311									
TITLE	P	☐ Delete	TITLE	T	☐ Change ☒ Addition								
NAME	KELLY, MILDRED		NAME	White, Rosemary									
STREET ADDRESS	950 PINEY-Z PLANTATION ROAD		STREET ADDRESS	950 Piney Z Plantation Rd									
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tallahassee, FL 32311									
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition								
NAME	KALLE, DORIS		NAME	Brier Ton, Samsie									
STREET ADDRESS	950 PINEY-Z PLANTATION ROAD		STREET ADDRESS	950 Piney Z Plantation Rd									
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tallahassee, FL 32311									
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition								
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
12. 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 or 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNATURE: <u>Mildred Kelly</u>			DATE: <u>2-8-05</u>										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR													