2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005965

1. Entity Name

PINEY-Z HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
950 PINEY Z PLANTATION RD. TALLAHASSEE, FL 32311	950 PINEY Z PLANTATION RD. TALLAHASSEE, FL 32311

DO NOT WRITE IN THIS SPACE

01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3569696 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, MILDRED
950 PINEY Z PLANTATION RD.
TALLAHASSEE, FL 32311

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KELLY, MILDRED
STREET ADDRESS	950 PINEY 2 PLANTATION RD
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	V
NAME	VACCARD, CLAUDIA
STREET ADDRESS	950 PINEY 2 PLANTATION RD
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	S
NAME	HIGHTOWER, TONYA
STREET ADDRESS	950 PINEY 2 PLANTATION RD
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	P
NAME	KELLY, MILDRED
STREET ADDRESS	950 PINEY-Z PLANTATION ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	WHITE, ROSEMARY
STREET ADDRESS	950 PINEY 2 PLANTATION RD
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	D
NAME	BRIERTON, SUSIE
STREET ADDRESS	950 PINEY 2 PLANTATION RD
CITY-ST-ZIP	TALLAHASSEE, FL 32311

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01/18/06-80005-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mildred Kelly President 1-12-06 877-5191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #