2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N97000005965

Entity Name: PINEY-Z HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

950 PINEY Z PLANTATION RD.
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

950 PINEY Z PLANTATION RD.
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 59-3569696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAY, DESMOND P
950 PINEY Z PLANTATION RD.
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: GRAY, DESMOND P
Address: 950 PINEY 2 PLANTATION RD
City-St-Zip: TALLAHASSEE, FL 32311

Title: V ( ) Delete
Name: VACCARO, CLAUDIA
Address: 950 PINEY 2 PLANTATION RD
City-St-Zip: TALLAHASSEE, FL 32311

Title: S ( ) Delete
Name: TICE, COLLEEN
Address: 950 PINEY 2 PLANTATION RD
City-St-Zip: TALLAHASSEE, FL 32311

Title: T ( ) Delete
Name: WHITE, ROSEMARY
Address: 950 PINEY-Z PLANTATION ROAD
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: STELLE, RICHARD J
Address: 950 PINEY 2 PLANTATION RD
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: GREENE, JANE
Address: 950 PINEY 2 PLANTATION RD
City-St-Zip: TALLAHASSEE, FL 32311

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: STELLE, RICHARD J
Address: 950 PINEY 2 PLANTATION RD
City-St-Zip: TALLAHASSEE, FL 32311

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.

SIGNATURE: DESMOND P. GRAY P 01/16/2009
Electronic Signature of Signing Officer or Director — Date