

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005888

FILED
Apr 21, 2007
Secretary of State

Entity Name: THE PINNACLE AT THE STRAND CONDOMINIUM NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

R & P PROPERTY MANAGEMENT
265 AIRPORT RD SO.
NAPLES, FL 341043518

New Principal Place of Business:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD SO.
NAPLES, FL 341043518

Current Mailing Address:

R & P PROPERTY MANAGEMENT
265 AIRPORT RD SO.
NAPLES, FL 341043518

New Mailing Address:

C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD SO.
NAPLES, FL 341043518

FEI Number: 65-1137268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R & P PROPERTY MANAGEMENT ASSOC
265 AIRPORT RD SO.
NAPLES, FL 341043518 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: PD () Delete
Name: HEDGES, KEN
Address: 6035 PINNACLE LANE #702
City-St-Zip: NAPLES, FL 34110

Title: VP () Delete
Name: SASLAVSKY, ARNOLD
Address: 6055 PINNACLE LANE, #902
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: CHRISTIE, ALICE
Address: 6030 PINNACLE LANE, #2201
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: BRENNER, DON
Address: 5990 PINNACLE LANE, #2603
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: FOOTE, BILL
Address: 6070 PINNACLE LANE, #1804
City-St-Zip: NAPLES, FL 34110

Title: TD () Delete
Name: MCDOUGAL, BOB
Address: 6065 PINNACLE LANE, #1003
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GLENN CARROLL

PRES

04/21/2007

Electronic Signature of Signing Officer or Director

_____ Date