

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 08, 2009
Secretary of State**

DOCUMENT# N00000005888

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Title: SD () Delete
Name: FORD, PAT
Address: 6015 PINNACLE LANE #502
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: ORBEN, MARY ANN
Address: 6025 PINNACLE LANE #604
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: VPD (X) Change () Addition
Name: FORD, PAT
Address: 6015 PINNACLE LANE #502
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
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 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: KEN HEDGES

PD

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date