

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010807

FILED
Apr 24, 2009
Secretary of State

Entity Name: PINNACLE OFFICE SUITES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1750 TREE BLVD
SUITE 1
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

1750 TREE BLVD
SAINT AUGUSTINE, FL 32084

Current Mailing Address:

1750 TREE BLVD
SUITE 1
SAINT AUGUSTINE, FL 32084

New Mailing Address:

1750 TREE BLVD
SUITE 7
SAINT AUGUSTINE, FL 32084

FEI Number: 20-3696814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, KATHERINE G
780 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE, FL 32084 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: D () Delete
Name: VAN RENSBURG, ANDRE J
Address: 1750 TREE BLVD SUITE 1
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: WAY, CHRISTOPHER K
Address: 39 AVISTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: THORNE, RICHARD
Address: 12896 RIVER PLACE COURT
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VAN RENSBURG, ANDRE J
Address: 1750 TREE BLVD SUITE 7
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: ANDRE J VAN RENSBURG

D

04/24/2009

Electronic Signature of Signing Officer or Director

Date