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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14926**

1. Corporation Name
PINNACLE PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~351 6TH AVE~~ ~~BRADENTON FL 34205~~ ~~US~~	~~351 6TH AVE~~ ~~BRADENTON FL 34205~~ ~~US~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 9021 Town Center Pkwy	26 9021 Town Center Pkwy	05/14/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0173800 ☐ Applied For ☐ Not Applicable
City & State 23 Bradenton, Fl.	City & State 28 BRADENTON, FL.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 34202 Country 25 MANATEE	Zip 29 34202 Country 30 MANATEE	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GRAUS, KIMBERLY L
~~351 6TH AVENUE WEST~~
~~BRADENTON FL 34205~~

10. Name and Address of New Registered Agent

81 Name: Kimberly L. GRAUS
82 Street Address (P.O. Box Number is Not Acceptable): 9021 Town Center Pkwy
83
84 City: Bradenton **FL** 85 Zip Code: 34202

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Kimberly L. Graus, Kimberly L. GRAUS 3-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	NEWSOME, JOHN S		1.2 NAME	Newsome, JOHN S	
STREET ADDRESS	351-6TH AVE WEST		1.3 STREET ADDRESS	9021 Town Center Pkwy	
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-ST-ZIP	Bradenton, Fl. 34202	
TITLE	VST	☐ DELETE	2.1 TITLE	VST	☒ Change ☐ Addition
NAME	DOYLE, MICHAEL J		2.2 NAME	Doyle, Michael J.	
STREET ADDRESS	351-6TH AVENUE WEST		2.3 STREET ADDRESS	9021 Town Center Pkwy	
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP	Bradenton, Fl. 34202	
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	EDMONDSON, LOUIS E		3.2 NAME	EDMONDSON, LOUIS E.	
STREET ADDRESS	351-6TH AVENUE WEST		3.3 STREET ADDRESS	9021 Town Center Pkwy	
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP	Bradenton, Fl. 34202	
TITLE	AS	☐ DELETE	4.1 TITLE	AS	☒ Change ☐ Addition
NAME	GRAUS, KIMBERLY L		4.2 NAME	GRAUS, Kimberly L.	
STREET ADDRESS	351-6TH AVENUE WEST		4.3 STREET ADDRESS	9021 Town Center Pkwy	
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP	Bradenton, Fl. 34202	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQ~~ Kimberly L. GRAUS ~~Michael J Doyle~~ 3-30-99 (941)747-8788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037-(11/98)