2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # N14926** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name PINNACLE PLAZA CONDOMINIUM ASSOCIATION, INC. 04-26-2000 90068 012 ****61.25 Principal Place of Business Mailing Address 351 6TH AVE 351 6TH AVE BRADENTON FL 34205-8820 **BRADENTON FL 34205** 3. Mailing Address Principal Place of Business 902/ Topon Center 90217aun Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ெajty & State 4. FEI Number Applied For 65-0173800 RANENTON Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRAUS Box Number is Not Acceptable GRAUS, KIMBERLY L 351 6TH AVENUE WEST **BRADENTON FL 34205** 8. 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE Newsome, John 5. NEWSOME, JOHN S NAME NAME 9:31 Town Centre PKW Bradenton, FT. 3428. STREET ADDRESS STREET ADDRESS 351-6TH AVE WEST CITY-ST-782 CITY-ST-ZIP BRADENTON FL Change Change Addition VST Delete TITLE Doyk, Milhael T gua, Town Center PKWY Bradenton, Fl. 34212 DOYLE, MICHAEL J NAME STREET ADDRESS STREET ADDRESS 351-6TH AVENUE WEST CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL Change Addition ☐ Delete Edmindson, Louis E. EDMONDSON, LOUIS E NAME STREET ADDRESS gasi Town Center Bradenton, Fl. 34212 STREET ADDRESS 351-6TH AVENUE WEST CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL Change ☐ Addition ☐ Delete TITLE Braus, Kimberly L. gozi Town Center Prevy Bradenton, Fl. 3420 GRAUS, KIMBERLY L NAME NAME STREET ADDRESS STREET ADDRESS 351-6TH AVENUE WEST CITY-ST-ZIP CITY-ST-7IP BRADENTON FL ☐ Delete ☐ Change ■ Addition TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1 100 (941) 907-8788