

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # N14926 1. Entity Name PINNACLE PLAZA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 391 6TH AVENUE WEST BRADENTON, FL 34205 US	Mailing Address PO BOX 9478 BRADENTON, FL 34206 US
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0173800	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DENARO, JOHN M 391 6TH AVENUE WEST BRADENTON, FL 34205
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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DENARO, JOHN M 391 6TH AVENUE WEST BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALCATHIE, LINDA 339 6TH AVENUE WEST BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, GARY 2020 26TH AVENUE WEST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORRIS, VIRGINIA 339 6TH AVE WEST BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/15/08-80046-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>John M. Denaro</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>1/7/08</u> <u>(941) 782-4299</u> Date Daytime Phone #
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