

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22989 (0)

1. Corporation Name

THE PINNACLE AT COBBS LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4131 GUNN HWY
TAMPA FL 33624-4725

4131 GUNN HWY
TAMPA FL 33624-4725

3. Date Incorporated or Qualified
10/13/1987

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2924910

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENACRE PROPERTIES, INC.
4131 GUNN HWY
TAMPA FL 33624

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME GREENE, ROBERT
STREET ADDRESS 2197 PINNACLE CIRCLE SOUTH
CITY-ST-ZIP PALM HARBOR FL

11 TITLE D/Treasurer
12 NAME PELUSO, JULIE
13 STREET ADDRESS 3167 PINNACLE CIRCLE NORTH
14 CITY-ST-ZIP PALM HARBOR, FL

TITLE D ☒ DELETE
NAME MELE, DENNIS
STREET ADDRESS 2172 PINNACLE CIRCLE NORTH
CITY-ST-ZIP PALM HARBOR FL

21 TITLE VP/Director
22 NAME WILLIAMS, MIKE
23 STREET ADDRESS 2256 PINNACLE CIRCLE SOUTH
24 CITY-ST-ZIP PALM HARBOR, FL

TITLE D ☒ DELETE
NAME FAZZINI, CINDY
STREET ADDRESS 2154 PINNACLE CIRCLE NORTH
CITY-ST-ZIP PALM HARBOR FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME HOLCOMBE, LYNN
STREET ADDRESS 2303 PINNACLE CIR N
CITY-ST-ZIP PALM HARBOR FL

41 TITLE P/Director
42 NAME Holcombe, Lynn
43 STREET ADDRESS 2303 Pinnacle Cir. N.
44 CITY-ST-ZIP Palm Harbor, FL 34684

TITLE S ☒ DELETE
NAME WALL, DAVID
STREET ADDRESS 2277 PINNACLE CIRCLE NORTH
CITY-ST-ZIP PALM HARBOR FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNN HOLCOMBE PRESIDENT

2/6/96 (813) 789-6803

Date

Daytime Phone #

CR2E037 (12/95)