2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# N22989

Entity Name: THE PINNACLE AT COBBS LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3527 PALM HARBOR BLVD.
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

3527 PALM HARBOR BLVD.
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-2924910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANSON, JACK
%THE MELROSE MGMT GROUP
3527 PALM HARBOR BLVD.
PALM HARBOR, FL 34683 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: PD ( ) Delete
Name: WEBSTER, CINDY
Address: 10033 9TH STREET N., 2ND FL
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: VPD ( ) Delete
Name: TRAESTER, AVIS
Address: 10033 9TH STREET N., 2ND FL
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: STD ( ) Delete
Name: HART, JOHN
Address: 10033 9TH STREET N., 2ND FL
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D ( ) Delete
Name: GRANITZ, ROSE
Address: 10033 9TH STREET N, 2ND FL
City-St-Zip: ST PETERSUBRG, FL 33716

Title: D ( ) Delete
Name: SCHULTZ, LOU
Address: 10033 9TH STREET N, 2ND FL
City-St-Zip: ST PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: TRAESTER, AVIS
Address: 10033 9TH STREET N., 2ND FL
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: VPD (X) Change ( ) Addition
Name: KLOOTE, DAVID
Address: 10033 9TH STREET N., 2ND FL
City-St-Zip: SAINT PETERSBURG, FL 33716

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 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: JACK B HANSON RA 04/17/2007

Electronic Signature of Signing Officer or Director — Date