FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:53

DOCUMENT # N28856 (5)

1. Corporation Name
PINNACLE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1011 CHRISTY DRIVE NICEVILLE FL 32578	1011 CHRISTY DRIVE NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1988
3a. Date of Last Report: 01/26/1994
4. FEI Number: 59-3031026 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2807 DUNLOP LN.	26 2807 DUNLOP LN.
Suite, Apt. #, etc. 22 CRESTVIEW, FL.	Suite, Apt. #, etc. 27 CRESTVIEW, FL.
City & State 23	City & State 28
Zip / Country 24 32539 / 25	Zip / Country 29 32539 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
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
POWELL, GILLIS E., SR. 701 EAST JOHN SIMS PARKWAY BARNETT BANK BLDG. NICEVILLE FL 32578	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	EDWARDS, AUDREY B.	1.2 NAME	HERMAN, CHRISTOPHER J	
STREET ADDRESS	1011 CHRISTY DR.	1.3 STREET ADDRESS	2807 DUNLOP LN.	
CITY-ST-ZIP	NICEVILLE FL	1.4 CITY-ST-ZIP	CRESTVIEW, FL. 32539	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SAINZ, LORNA	2.2 NAME	EDWARDS, AUDREY B.	
STREET ADDRESS	6130 BEASLEY RD	2.3 STREET ADDRESS	1011 CHRISTY DR	
CITY-ST-ZIP	CRESTVIEW FL	2.4 CITY-ST-ZIP	NICEVILLE, FL. 32578	
TITLE	STD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	GIFFARD, JAMES	3.2 NAME	~~LISA~~ CAMPBELL, LISA	
STREET ADDRESS	2306 TOP FLIGHT DR	3.3 STREET ADDRESS	2805 PING LN.	
CITY-ST-ZIP	CRESTVIEW FL	3.4 CITY-ST-ZIP	CRESTVIEW, FL. 32539	
TITLE		4.1 TITLE	TD	☐ Change ☒ Addition
NAME		4.2 NAME	EDWARDS, GILBERT	
STREET ADDRESS		4.3 STREET ADDRESS	2801 RAM LN.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CRESTVIEW, FL. 32539	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 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: _____ 2 MAR 95 904-884-7230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code) Telephone #

CHRISTOPHER J. HERMAN

0072441