

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 # **N28856** (5)

1. Corporation Name

PINNACLE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**2807 DUNLOP LANE
CRESTVIEW FL 32539
US**

Mailing Address

**2807 DUNLOP LANE
CRESTVIEW FL 32539
US**

3. Date Incorporated or Qualified
10/13/1988

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

21 **2801 RAM LANE**

2a. Mailing Address

26 **2801 RAM LANE**

4. FEI Number
59-3031026

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **CRESTVIEW, FL**

City & State

28 **CRESTVIEW, FL**

Zip
24 **32539**

Country

25 **US**

Zip

29 **32539**

Country

30 **US**

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HERMAN, CHRISTOPHER J.
2807 DUNLOP LANE
CRESTVIEW FL** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
EDWARDS, AUDREY B.
1011 CHRISTY DRIVE
NICEVILLE FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CAMPBELL, LISA
2805 PING LANE
CRESTVIEW FL** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
EDWARDS, GILBERT
2801 RAM LANE
CRESTVIEW FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**PD
Gilbert Edwards Jr.
2801 RAM LANE
CRESTVIEW, FL 32539** ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**SD
J.G. Giffard.
4568 TOP FLIGHT DR.
CRESTVIEW FL 32539** ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**TD
William Donoho
2804 Titliest LANE
CRESTVIEW FL 32539** ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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: **Gilbert Edwards Jr.** **Gilbert Edwards Jr** **1 FEB 96** **904 689 0031**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)