**FILE NOW: FILING FEE IS $61.25**

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # N-28856

1. Corporation Name
PINNACLE HOMEOWNERS ASSOCIATION, INC

| Principal Place of Business | Mailing Address |
|---|---|
| | |

3. Date Incorporated or Qualified: ?
3a. Date of Last Report: 02-96

2. Principal Place of Business
21: 2804 TITLEIST W
22: Suite, Apt. #, etc
23: City & State: CRESTVIEW FL
24: Zip: 32539
25: Country

2a. Mailing Address
26: 2804 TITLEIST LN
27: Suite, Apt. #, etc
28: City & State: CRESTVIEW FL
29: Zip: 32539
30: Country

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

81 Name: WILLIAM R. DONOHO
82 Street Address (P.O. Box Number is Not Acceptable): 2804 TITLEIST LANE
83:
84 City: CRESTVIEW **FL** 85 Zip Code: 32539

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: William R Donoho WILLIAM R. DONOHO, PRESIDENT 4-1-97
SIGNATURE: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | | ☐ DELETE | 1.1 TITLE | P, D | ☒ Change ☐ Addition |
| NAME | | | 1.2 NAME | WILLIAM R. DONOHO | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | 2804 TITLEIST LANE | |
| CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP | CRESTVIEW, FL, 32539-8335 | |
| TITLE | | ☐ DELETE | 2.1 TITLE | V, D | ☒ Change ☐ Addition |
| NAME | | | 2.2 NAME | AUDREY B. EDWARDS | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | 1811 CHRISTY DRIVE | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | NICEVILLE, FL, 32588-0220 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | S, D | ☒ Change ☐ Addition |
| NAME | | | 3.2 NAME | JAMES G. GIFFARD | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | 4568 TOP FLIGHT DRIVE | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | CRESTVIEW, FL 32539-8335 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | T | ☒ Change ☐ Addition |
| NAME | | | 4.2 NAME | KEVIN T. BRADLEY | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 4573 TOP FLIGHT DRIVE | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | CRESTVIEW, FL, 32539-8335 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | T | ☒ Change ☐ Addition |
| NAME | | | 5.2 NAME | PAUL CASSIDY | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 306 SHOAL RIVER DR. | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | CRESTVIEW, FL 32539 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | 200002190362 | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | -05/23/97--01109--032 CS 5/14/97 | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | ***61.25 | |

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** William R Donoho WILLIAM R. DONOHO 4-1-97 904-689-8824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #