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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28856** (5)
1. Corporation Name
PINNACLE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 2804 TITLEIST LANE CRESTVIEW FL 32539 US	Mailing Address 2804 TITLEIST LANE CRESTVIEW FL 32539 US
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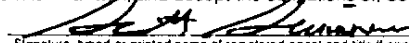
2. Principal Place of Business 21 2802 TITLEIST LANE Suite, Apt. #, etc. 22 City & State 23 Crestview, FL Zip 24 32539	2a. Mailing Address 26 2802 Titleist Ln Suite, Apt. #, etc. 27 City & State 28 Crestview FL Zip 29 32539 Country 30 US
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3. Date Incorporated or Qualified 10/13/1988
4. FEI Number 59-3031026
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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**DONOHU, WILLIAM R
2804 TITLEIST LANE
CRESTVIEW FL 32539**

10. Name and Address of New Registered Agent
81 Name **SCOTT SIMONEAUX**
82 Street Address (P.O. Box Number is Not Acceptable)
2802 TITLEIST LN.
83
84 City **CRESTVIEW** **FL** 85 Zip Code **32539**

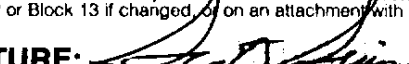
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  **Scott Simoneaux** **4/6/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONOHU, WILLIAM R 2804 TITLEIST LANE CRESTVIEW FL 32539 ☐ 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 GIFFARD, JAMES G 4568 TOP FLIGHT DR CRESTVIEW FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRADLEY, KEVIN T 4573 TOP FLIGHT DRIVE CRESTVIEW FL 32539-6335 ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASSIDY, PAUL 306 SHRAL RIVER DR CRESTVIEW FL 32539 ☐ 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 SCOTT SIMONEAUX 2802 TITLEIST LN. CRESTVIEW, FL 32539 ☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD PAUL BROWNING 4617 TOP FLIGHT DR. CRESTVIEW, FL 32539 ☒ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD PEYTON GREENE 2802 TITLEIST LN. CRESTVIEW, FL 32539 ☒ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D ELIZABETH MARTIN 4593 TOP FLIGHT DR. CRESTVIEW, FL 32539 ☒ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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:  **Scott Simoneaux** **4/6/98**

CR2E037 (10/97)