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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28856**

1. Corporation Name
PINNACLE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2802 TITLEIST LANE CRESTVIEW FL 32539 US	2802 TITLEIST LANE CRESTVIEW FL 32539 US

2. Principal Place of Business 21 2523 S. Ferdon Blvd, #125 Suite, Apt. #, etc. 22 City & State 23 Crestview, FL Zip 24 32536 Country 25 USA	2a. Mailing Address 26 2523 S. Ferdon Blvd, #125 Suite, Apt. #, etc. 27 City & State 28 Crestview, FL Zip 29 32536 Country 30 USA	3. Date Incorporated or Qualifed 10/13/1988 4. FEI Number 59-3031026 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIMONEAUX, SCOTT 2802 TITLEIST LANE CRESTVIEW FL 32539	81 Name JOE CONFLITTI 82 Street Address (P.O. Box Number is Not Acceptable) 2800 Hogan 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 _____ JOE CONFLITTI 8Feb99
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	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SIMONEAUX, SCOTT2802 TITL		1.2 NAME	ELIZABETH MARTIN	
STREET ADDRESS	2804 TITLEIST LANE		1.3 STREET ADDRESS	4593 TOP FLIGHT DR.	
CITY-ST-ZIP	CRESTVIEW FL 32539		1.4 CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	EDWARDS, AUDREY B.		2.2 NAME	MARYANN LEPPER	
STREET ADDRESS	1011 CHRISTY DRIVE		2.3 STREET ADDRESS	4595 TOP FLIGHT DR.	
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BROWNING, PAUL		3.2 NAME		
STREET ADDRESS	4617 TOP FLIGHT DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL 32539		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	GREENE, PEYTON		4.2 NAME	JOE CONFLITTI	
STREET ADDRESS	2800 TITLEIST LANE		4.3 STREET ADDRESS	2800 HOGAN LANE	
CITY-ST-ZIP	CRESTVIEW FL 32539		4.4 CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MARTIN, ELIZABETH		5.2 NAME	EDWARDS, AUDREY	
STREET ADDRESS	4593 TOP FLIGHT DR		5.3 STREET ADDRESS	1011 CHRISTY DR.	
CITY-ST-ZIP	CRESTVIEW FL 32539		5.4 CITY-ST-ZIP	NICEVILLE, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JOE CONFLITTI 8Feb99
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #