2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90090 004 ****61.25

DOCUMENT # N28856

1. Entity Name

PINNACLE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2523 S. FERDON BLVD. CRESTVIEW FL 32536 US	2523 S. FERDON BLVD. CRESTVIEW FL 32536-5211 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2802 PING LANE
Suite, Apt. #, etc.:
City & State: CRESTVIEW FLORIDA
Zip: 32539 Country: OKALOOSA

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 59-3031026 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONFLITTI, JOE
2800 HOGAN LANE
CRESTVIEW FL 32539

7. Name and Address of New Registered Agent

Name: JUANA S. MITCHELL
Street Address (P.O. Box Number is Not Acceptable): 2807 HOGAN LANE
City: CRESTVIEW FL Zip Code: 32539

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTIN, ELIZABETH 4593 TOP FLIGHT DRIVE CRESTVIEW FL 32539	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Joseph A. Lawrence 2802 PING LANE CRESTVIEW, FL 32539	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEPPER, MARYANN 4595 TOP FLIGHT DRIVE CRESTVIEW FL 32539	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Jim Gifford 4668 Top Flight Drive Crestview, FL 32539	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BROWNING, PAUL 4617 TOP FLIGHT DR CRESTVIEW FL 32539	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Carol Heath 2802 Ultra Lane Crestview, FL 32539	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CONFLITTI, JOE 2800 TITLEIST LANE CRESTVIEW FL 32539	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D JUANA S. Mitchell 2807 Hogan Lane Crestview, FL 32539	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, ELIZABETH 4593 TOP FLIGHT DR CRESTVIEW FL 32539	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Nick Reno 4572 Top Flight Drive Crestview FL 32539	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARDS, AUDREY 1011 CHRISTY DRIVE NICEVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juana S. Mitchell JUANA S. MITCHELL 4/30/00 850.6891605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #