## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 25, 2005 8:00 am Secretary of State DOCUMENT # N28856 04-25-2005 90305 027 \*\*\*\*61.25 1. Entity Name PINNACLE HOMEOWNERS' ASSOCIATION, INC. Mailing Address Principal Place of Business 50043624 PO BOX 1866 2806 PING LANE CRESTVIEW, FL 32539 US CRESTVIEW, FL 32539 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 Chg-NP CR2E037 (10/03) Applied For City & State 4. FEI Number City & State 59-3031026 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JONES, GLENDON R JR Street Address (P.O. Box Number is Not Acceptable) 2806 PING LANE CRESTVIEW, FL 32539 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PD ☐ Change Addition ☐ Defete TOLE TITLE NAME BAILEY, AUSTIN NAME STREET ADDRESS STREET ADDRESS 2800 PING LANE CRESTVIEW, FL 32539 CITY-ST-ZIP CITY-ST-ZIP Detete Change Change Addition TITLE ST TITLE NAME HARPER, GISELA NAME STREET ADDRESS 4602 TOP FLIGHT DR STREET ADDRESS CRESTVIEW, FL 32539 CITY-ST-ZIP CHY-ST-7IP 32 ☐ Change Addition TT ☐ Delete TITLE TITLE JONES, GLENDON R JR NAME NAME STREET ADDRESS 2806 PING LANE STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP CRESTVIEW, FL 32539 ☐ Delete TITLE ☐ Change Addition TITLE # Heagwood Ru 4573 Top Fright NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TOTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ( CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 an other like empowered.

R Jones Jr 04-20-05

**FILED**