

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743808

Entity Name: PARKS EDGE PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**3201 SW LANDALE BLVD
PORT ST LUCIE, FL 34953**Current Mailing Address:**C/O PINNACLE ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PLACE
PORT ST LUCIE, FL 34986 US**FEI Number:** 59-2058764**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PINNACLE ASSOCIATION MANAGEMENT
3201 S W LANDALE BLVD
PORT ST LUCIE, FL 34953-6358 US*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:** GAIL LOGAN

04/12/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JANKOWSKI, JOHN
Address C/O PINNACLE ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title VP
Name MARINO, LYNN
Address C/O PINNACLE ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title SECRETARY
Name DEROCHER, TINA
Address C/O PINNACLE ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title TREASURER
Name HAYES, DARRELL
Address C/O PINNACLE ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name MIRET, PAUL
Address C/O PINNACLE ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name PALOMBO, DONATO
Address C/O PINNACLE ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name HARRISON, BILL
Address C/O PINNACLE ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR
Name O'KEEFE, MARGARET
Address C/O PINNACLE ASSOCIATION
 MANAGEMENT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT ST LUCIE FL 34986

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN JANKOWSKI

PRESIDENT

04/12/2017

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SERRANO, LUIS
Address	C/O PINNACLE ASSOCIATION MANAGEMENT 430 NW LAKE WHITNEY PLACE
City-State-Zip:	PORT ST LUCIE FL 34986