

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08816

FILED
Apr 19, 2022
Secretary of State
4669812556CC

Entity Name: BERN CREEK IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

PINNACLE COMMUNITY ASSOCIATION MANAGEMENT
3307 CLARK ROAD SUITE 201
SARASOTA, FL 34231

Current Mailing Address:

PINNACLE COMMUNITY ASSOCIATION MANAGEMENT
PO BOX 21058
SARASOTA, FL 34276 US

FEI Number: 59-2568560

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PINNACLE COMMUNITY ASSOCIATION MANAGEMENT
PINNACLE COMMUNITY ASSOCIATION MANAGEMENT
PO BOX 21058
SARASOTA, FL 34276 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: JASON HAMILTON

04/19/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, SECRETARY
Name RICH, FRANK
Address PINNACLE COMMUNITY
 ASSOCIATION MANAGEMENT
 PO BOX 21058
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name MARTIN, CINDY
Address PINNACLE COMMUNITY
 ASSOCIATION MANAGEMENT
 PO BOX 21058
City-State-Zip: SARASOTA FL 34276

Title VP
Name RESNICK, MICHAEL
Address PINNACLE COMMUNITY
 ASSOCIATION MANAGEMENT
 PO BOX 21058
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name CASTRO, KEN
Address PINNACLE COMMUNITY
 ASSOCIATION MANAGEMENT
 PO BOX 21058
City-State-Zip: SARASOTA FL 34276

Title PRESIDENT
Name HUTCHINSON, MICHAEL
Address PINNACLE COMMUNITY
 ASSOCIATION MANAGEMENT
 PO BOX 21058
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name DAHL, GARY
Address C/O PINNACLE COMMUNITY
 ASSOCIATION MANAGEMENT
 PO BOX 21058
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name GREGORY, THOMAS
Address PINNACLE COMMUNITY
 ASSOCIATION MANAGEMENT
 PO BOX 21058
City-State-Zip: SARASOTA FL 34276

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: MICHAEL HUTCHINSON

PRESIDENT

04/19/2022

