

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08816

Entity Name: BERN CREEK IMPROVEMENT ASSOCIATION, INC.

FILED
May 01, 2023
Secretary of State
3650245721CC

Current Principal Place of Business:

TANNENBAUM LEMOLE & HILL
614 S TAMIAMI TRAIL
OSPREY, FL 34229

Current Mailing Address:

TANNENBAUM LEMOLE & HILL
614 S TAMIAMI TRAIL
OSPREY, FL 34229 US

FEI Number: 59-2568560

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TANNENBAUM LEMOLE & HILL
TANNENBAUM LEMOLE & HILL
614 S TAMIAMI TRAIL
OSPREY, FL 34229 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: CINDY A. HILL, ESQ.

05/01/2023

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

05/01/2023

