

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36133

**Entity Name:** BROADWATER HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10 BROAD CREEK CIRCLE  
ORMOND BEACH, FL 32174

**FILED**  
**Apr 11, 2017**  
**Secretary of State**  
**CC6340773294**

**Current Mailing Address:**

C/O PINNACLE ASSOCIATION MANAGEMENT  
430 NW LAKE WHITNEY PLACE  
PORT ST LUCIE, FL 34986 US

**FEI Number: 59-3079722**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PINNACLE ASSOCIATION MANAGEMENT, LLC  
430 NW LAKE WHITNEY  
PORT ST LUCIE, FL 34986 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: MARISA RAINS**

**04/11/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

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

*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: JENNIFER HAINES**

**PRESIDENT**

**04/11/2017**

Electronic Signature of Signing Officer/Director Detail

Date