

2020 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F05000006257

FILED
Aug 07, 2020
Secretary of State
5616704826CC

Entity Name: PINNACLE VACATIONS, INC.

Current Principal Place of Business:

4960 CONFERENCE WAY NORTH
SUITE 100
BOCA RATON, FL 33431

Current Mailing Address:

4960 CONFERENCE WAY NORTH
SUITE 100
BOCA RATON, FL 33431 US

FEI Number: 20-3704976

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, DIRECTOR
Name WARDAK, AHMAD
Address 4960 CONFERENCE WAY NORTH,
SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title ASST. SECRETARY
Name EAST, MELISSA
Address 4960 CONFERENCE WAY NORTH,
SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title VP
Name KELLEY, ADRIENNE
Address 4960 CONFERENCE WAY NORTH
SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title SECRETARY
Name DE LA OSA, JORGE
Address 4960 CONFERENCE WAY NORTH
SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title VP
Name WILLARD, LEE ANN
Address 4960 CONFERENCE WAY NORTH
SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title VP
Name HUMPHREY, PAUL
Address 4960 CONFERENCE WAY NORTH
SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title ASSISTANT VICE PRESIDENT
Name GREEN, PEARL
Address 4960 CONFERENCE WAY NORTH
SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title TREASURER, VP, DIRECTOR
Name LOPEZ, RAYMOND S
Address 4960 CONFERENCE WAY NORTH
SUITE 100
City-State-Zip: BOCA RATON FL 33431

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHY FOSTER

PRESIDENT

08/07/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT, DIRECTOR
Name FOSTER, KATHY
Address 4960 CONFERENCE WAY NORTH
 SUITE 100
City-State-Zip: BOCA RATON FL 33431