

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000006257

**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

**Continues on page 2**

*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:** JORGE DE LA OSA

**SECRETARY, BY LAUREN 04/20/2021  
DUEMIG, ATTORNEY-IN-  
FACT**

\_\_\_\_\_  
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