2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# 734596

Entity Name: PINNACLE PORT COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

PINNACLE PORT COMM. ASSN., INC.
23223 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413 US

New Principal Place of Business:

Current Mailing Address:

PINNACLE PORT COMM. ASSN., INC.
23223 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413 US

New Mailing Address:

FEI Number: 59-1893680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLEY, RONDA GEN.MGR
23223 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	ROBINSON, CAS	
Address:	528 MONTEAGLE TRACE	
City-St-Zip:	STONE MOUNTAIN, GA 30087	
Title:	VP	( ) Delete
Name:	JOYCE, JAY	
Address:	9123 THORNTON BLVD.	
City-St-Zip:	JONESBORO, GA 30236	
Title:	TRES	( ) Delete
Name:	HILKMAN, MARK	
Address:	4189 LOCH HIGHLAND PARKWAY	
City-St-Zip:	ROSWELL, GA 30075	
Title:	DIR	( ) Delete
Name:	WILLIAM, COLQUITT	
Address:	P.O. BOX 621	
City-St-Zip:	FORTSON, GA 31808 06	
Title:	DIR	( ) Delete
Name:	BARRY, HALL	
Address:	879 ECTOR CHASE N.W.	
City-St-Zip:	KENNESAW, GA 30152	
Title:	SEC	( ) Delete
Name:	REID, ROBERT G	
Address:	6024 COOK DRIVE	
City-St-Zip:	MILFORD, OH 45150	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PRES	(X) Change ( ) Addition
Name:	ROBINSON, CAS	
Address:	403 BEACON COURT	
City-St-Zip:	GRIFFEN, GA 30223	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TRES	(X) Change ( ) Addition
Name:	WILLIS, JACK	
Address:	23223 FRONT BEACH ROAD, UNIT A722	
City-St-Zip:	PANAMA CITY BEACH, FL 32413	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAS ROBINSON PRES 02/12/2009

Electronic Signature of Signing Officer or Director — Date