

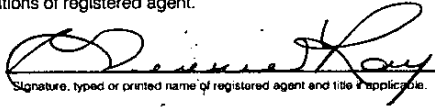
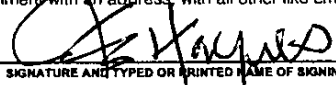


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90087 034 ****61.25

DOCUMENT # 736382 1. Entity Name THE PINNACLE APARTMENTS, INC. A CONDOMINIUM					
Principal Place of Business 4141 BAYSHORE BLVD TAMPA, FL 33611			Mailing Address P.O. BOX 530277 SAINT PETERSBURG, FL 33747-0277		
2. Principal Place of Business 6251 Park Blvd		3. Mailing Address 6251 Park Blvd		<div style="font-size: 24px; margin-bottom: 10px;">40041000</div>  <div style="margin-top: 10px;">03032006 Chg-NP CR2E037 (11/05)</div>	
Suite, Apt. #, etc. Suite # 8		Suite, Apt. #, etc. Suite # 8			
City & State Pinellas Park, FL		City & State Pinellas Park			
Zip 33781		Zip 33781			
Country USA		Country USA		4. FEI Number 59-1672769	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ELITE ASSOCIATION MANAGEMENT 2401 W BAY DR STE 414 LARGO, FL 33771			7. Name and Address of New Registered Agent Name Elite Association Mgmt Street Address (P.O. Box Number is Not Acceptable) 6251 Park Blvd # 8 City Pinellas Park FL Zip Code 33781		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4-7-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TWATCHMAN, JEANETTE 4141 BAYSHORE BLVD #201 TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YPD Crang, Mary 4141 Bayshore Blvd # 101 Tampa, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PERRY, LAWRENCE 4141 BAYSHORE BLVD #1205 TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Starhope Larry 4141 Bayshore Blvd # 606 Tampa, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FROMER, JASON 4141 BAYSHORE BLVD #1502 TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Uiso, Michelle 4141 Bayshore Blvd # 802 Tampa, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KILGORE, MICHAEL 4141 BAYSHORE BLVD #1501 TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Nobles, Sharon 4141 Bayshore Blvd # 804 Tampa, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAYNOR, CAROL 4141 BAYSHORE BLVD #801 TAMPA, FL 33611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD velasquez, Alec 4141 Bayshore Blvd # 1104 Tampa, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEHL, DONALD 4141 BAYSHORE BLVD #2201 TAMPA, FL 33611	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Haynes, James 4141 Bayshore Blvd # 1802 Tampa, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-7-06 Daytime Phone # 727-547-9698		