2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 28, 2007 8:00 am Secretary of State **DOCUMENT #736382** 02-28-2007 90008 042 ****61.25 THE PINNACLE APARTMENTS, INC. A CONDOMINIUM Principal Place of Business Mailing Address AUDVOICA 6251 PARK BLVD 6251 PARK BLVD SUITE 8 **SUITE 8** PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4141 Dayshore Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-NP CR2E037 (12/06) 4. FEI Number Applied For City & State City & State 59-1672769 Not Applicable Jam Zio Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **ELITE ASSOCIATION MANAGEMENT** Street Address (P.O. Box Number is Not Acceptable) 6251 PARK BLVD SUITE 8 PINELLAS PARK, FL 33781 City Zip Code 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** (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. IIII F Delete TITLE ☐ Change **Addition** NAME CRANN, MARY NAME 因149年106 4141 BAYSHORE BLVD #101 STREET ADDRESS STREET ADDRESS CITY-SY-ZIP TAMPA, FL 33611 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition STARHOPE, LANCY NAME NAME STREET ADDRESS 4141 BAYSHORE BLVD #606 STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33611** CITY-ST-ZIF ന ഉപ TITLE Delete ☐ Change TITLE URSO, MICHELLE NAME NAME 4141 BAYSHORE BLVD #802 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NOBLES, SHARON NAME NAME STREET ADDRESS 4141 BAYHSORE BLVD #804 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33611 TITLE Delete TITLE ☐ Change GAYNOR, CAROL NAME STREET ADDRESS 4141 BAYSHORE BLVD #801 STREET ADDRESS TAMPA, FL 33611 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME HAYNES, JAMES NAME STREET ADDRESS 4141BAYSHORE BLVD #1802 STREET ADORESS CITY-ST-7IP **TAMPA, FL 33611** CITY-ST-ZIP 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.

YPED OR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE AN

FILED

Davtime Phone #