


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90021 017 ****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 6251 PARK BLVD SUITE 8 PINELLAS PARK, FL 33781		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1125 W. Monroe Circle N.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State St. Petersburg, FL			
Zip	Country	Zip	Country	4. FEI Number 59-1672769	
33703	USA	33703	USA	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELITE ASSOCIATION MANAGEMENT 6251 PARK BLVD SUITE 8 PINELLAS PARK, FL 33781			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1125 W. Monroe Circle N. City St. Petersburg FL Zip Code 33703		
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 <u><i>Dennis Ray, Prop. Manager</i></u> 2-19-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRANN, MARY		NAME	Shirley Wood	
STREET ADDRESS	4141 BAYSHORE BLVD #101		STREET ADDRESS	4141 Bayshore Blvd, #706	
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP	Tampa, FL 33611	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STARHOPE, LANCY		NAME	Henny Valcarlos	
STREET ADDRESS	4141 BAYSHORE BLVD #606		STREET ADDRESS	4141 Bayshore Blvd, #306	
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP	Tampa, FL 33611	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	URSO, MICHELLE		NAME	Carmen Enciso	
STREET ADDRESS	4141 BAYSHORE BLVD #802		STREET ADDRESS	4141 Bayshore Blvd, #604	
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP	Tampa, FL 33611	
TITLE	JD	<input type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOBLES, SHARON		NAME	Charles Henwood	
STREET ADDRESS	4141 BAYSHORE BLVD #804		STREET ADDRESS	4141 Bayshore Blvd, #1401	
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP	Tampa, FL 33611	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	JD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAYNOR, CAROL		NAME	Steve Hudson	
STREET ADDRESS	4141 BAYSHORE BLVD #801		STREET ADDRESS	4141 Bayshore Blvd, #802	
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP	Tampa, FL 33611	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, JAMES		NAME		
STREET ADDRESS	4141 BAYSHORE BLVD #1802		STREET ADDRESS		
CITY-ST-ZIP	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.					
SIGNATURE: <u><i>J. Haynes</i></u>			2-19-08 (727) 547-9698		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		