

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736382

FILED
Mar 02, 2009
Secretary of State

Entity Name: THE PINNACLE APARTMENTS, INC. A CONDOMINIUM

Current Principal Place of Business:

4141 BAYSHORE BLVD.
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

112 SW MONROE CIR N
SAINT PETERSBURG, FL 33703

New Mailing Address:

FEI Number: 59-1672769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELITE ASSOCIATION MANAGEMENT
112 S MONROE CIR N
SAINT PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

ELITE ASSOCIATION MANAGEMENT
112 SW MONROE CIR N
SAINT PETERSBURG, FL 33703 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: GERRIE RAY

03/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOOD, SHIRLEY
Address: 4141 BAYSHORE BLVD 706
City-St-Zip: TAMPA, FL 33611

Title: VPD () Delete
Name: VALCANCE, HENRY
Address: 4141 BAYSHORE BLVD STE 306
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: CARMEN, ENCISO
Address: 4141 BAYSHORE BLVD STE 604
City-St-Zip: TAMPA, FL 33611

Title: JD () Delete
Name: NOBLES, SHARON
Address: 4141 BAYHSORE BLVD #804
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: HENWOOD, CHARLES
Address: 4141 BAYSHORE BLVD STE 1401
City-St-Zip: TAMPA, FL 33611

Title: TD () Delete
Name: HAYNES, JAMES
Address: 4141BAYSHORE BLVD #1802
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: VALCARCE, HENRY
Address: 4141 BAYSHORE BLVD STE 306
City-St-Zip: TAMPA, FL 33611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LOGAN, DAVID
Address: 4141 BAYHSORE BLVD #1901
City-St-Zip: TAMPA, FL 33611

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: JAMES HAYNES

TD

03/02/2009

Electronic Signature of Signing Officer or Director

Date