

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90228 020 ****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

**10033 NINTH STREET NORTH
SAINT PETERSBURG FL 33716**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 530277

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Pete, FL

4. FEI Number **59-1672769**

Applied For

Not Applicable

Zip

Country

Zip

33747-0277

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMPART PROPERTIES, INC.
10033 NINTH STREET NORTH
SAINT PETERSBURG FL 33716**

Name **Elite Association Management**

Street Address (P.O. Box Number is Not Acceptable)

4190 40th St. S.

St. Petersburg

City

FL

Zip Code
33711

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **PD** ☐ Delete
NAME **GIDDENS, LAURIE**
STREET ADDRESS **4141 BAYSHORE BLVD #1603**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☒ Delete
NAME **EICHELBERGER, FRITZ**
STREET ADDRESS **4141 BAYSHORE BLVD #501**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **SD** ☐ Change ☒ Addition
NAME **July Grimaldi**
STREET ADDRESS **4141 Bayshore Blvd #2002**
CITY-ST-ZIP **Tampa, FL, 33611**

TITLE **TD** ☒ Delete
NAME **HOAK, DIANE**
STREET ADDRESS **4141 BAYSHORE BLVD #1501**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **TD** ☐ Change ☒ Addition
NAME **JEFFREY KAPLAN**
STREET ADDRESS **4141 Bayshore Blvd #704**
CITY-ST-ZIP **Tampa, FL, 33611**

TITLE **VPD** ☒ Delete
NAME **SHALET, ELIZABETH**
STREET ADDRESS **4141 BAYSHORE BLVD., #1601**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **VPD** ☐ Change ☐ Addition
NAME **Michael Kilgore**
STREET ADDRESS **4141 Bayshore Blvd #1501**
CITY-ST-ZIP **Tampa, FL, 33611**

TITLE **D** ☒ Delete
NAME **VELASQUEZ, ALEC**
STREET ADDRESS **4141 BAYSHORE BLVD #1104**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **HENWOOD, CHARLES**
STREET ADDRESS **4141 BAYSHORE BLVD #1401**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

5/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deputy Phone #

CR2E037 (10/02)