

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 18 1996 8:00 am
Secretary of State

DOCUMENT # 850300 (5)

1. Corporation Name

THE PINNACLE OF NAPLES, INC.



Principal Place of Business

Mailing Address

~~4811 ISLAND POND CT.~~
BONITA SPRINGS FL 33923
US

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BONITA SPRINGS FL 33923
US

3. Date Incorporated or Qualified

09/08/1981

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 3511-3 Bonita Bay Blvd.

26 P.O. Box 1869

4. FEI Number

35-1513661

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 City & State
23 Bonita Springs, FL

27 City & State
28 Bonita Springs, FL

24 33923 25 USA

29 33959 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, BRAD
~~4811 ISLAND POND CT.~~
BONITA SPRINGS FL 33923

81 Name

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

3511-3 Bonita Bay Blvd.

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BROWN, ROBERT G.
STREET ADDRESS ~~4811 ISLAND POND CT.~~
CITY-ST-ZIP BONITA SPRINGS FL

11 TITLE
12 NAME
13 STREET ADDRESS 3511-3 Bonita Bay Blvd.
14 CITY-ST-ZIP

TITLE ST
NAME BROWN, CAROLYN M.
STREET ADDRESS ~~4811 ISLAND POND CT.~~
CITY-ST-ZIP BONITA SPRINGS FL

21 TITLE
22 NAME
23 STREET ADDRESS 3511-3 Bonita Bay Blvd.
24 CITY-ST-ZIP

TITLE VP
NAME BROWN, BRETT
STREET ADDRESS ~~4811 ISLAND POND CT.~~
CITY-ST-ZIP BONITA SPRINGS FL

31 TITLE
32 NAME
33 STREET ADDRESS 3511-3 Bonita Bay Blvd.
34 CITY-ST-ZIP

TITLE VP
NAME BROWN, BRAD
STREET ADDRESS 9843 TREASURE CAY LN
CITY-ST-ZIP BONITA SPRINGS FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE TVP
NAME WILEY, ROBERT C.
STREET ADDRESS 27936 TEMPLE TERRACE
CITY-ST-ZIP BONITA SPRINGS FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE VAS
NAME BROWN, DONNA L.
STREET ADDRESS ~~4811 ISLAND POND CT.~~
CITY-ST-ZIP BONITA SPRINGS FL

61 TITLE
62 NAME
63 STREET ADDRESS 3511-3 Bonita Bay Blvd.
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13. I changed or on an attachment with an address

SIGNATURE:

Carolyn M. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96
Date

941-947-9211
Telephone Number

CR2E034 (3/96)