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FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90125 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 850300

1. Corporation Name

THE PINNACLE OF NAPLES, INC.



Principal Place of Business

**3511 3 BONITA BAY BLVD
BONITA SPRINGS FL 33923
US**

Mailing Address

**PO BOX 1869
BONITA SPRINGS FL 33959
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1981

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

35-1513661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, BRAD
3511 3 BONITA BAY BLVD
BONITA SPRINGS FL 33923**

81 Name

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

13056 COCA PLUM

83

84 City

NAPLES

FL

85 Zip Code

34119

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P BROWN, ROBERT G.**
STREET ADDRESS **3511 3 BONITA BAY BLVD**
CITY-ST-ZIP **BONITA SPRINGS FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☒ Change ☐ Addition

**13056 COCA PLUM
NAPLES, FL 34119**

TITLE ☒ DELETE
NAME **ST BROWN, CAROLYN M.**
STREET ADDRESS **3511 3 BONITA BAY BLVD**
CITY-ST-ZIP **BONITA SPRINGS FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE
NAME **VP BROWN, BRETT**
STREET ADDRESS **3511 3 BONITA BAY BLVD**
CITY-ST-ZIP **BONITA SPRINGS FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE
NAME **TVP WILLEY, ROBERT C.**
STREET ADDRESS **27936 TEMPLE TERRACE**
CITY-ST-ZIP **BONITA SPRINGS FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE
NAME **VAS BROWN, DONNA L.**
STREET ADDRESS **3511 3 BONITA BAY BLVD**
CITY-ST-ZIP **BONITA SPRINGS FL**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert G. Brown - Robert G. Brown

Date

Daytime Phone #

2/19/99

CR2E034 (11/98)