

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000890

FILED
Apr 28, 2008
Secretary of State

Entity Name: PINNACLES PROFESSIONAL PARK ASSOCIATION, INC.

Current Principal Place of Business:

4 INDIAN MOUND COURT
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

4 INDIAN MOUND COURT
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 20-2703075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIUMENTO, MICHAEL D III
4 KINGS ROAD NORTH STE B
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BATHAW, RONALD
Address: 4 INDIAN MOUND COURT
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: BATHAW, FRANCIA F
Address: 4 INDIAN MOUND COURT
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: ALFONSO, DON JOSEPH A
Address: 39 COTTONWOOD DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: ALFONSO, RENATO A
Address: 39 COTTONWOOD DRIVE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHAEL D. CHIUMENTO, III

RA

04/28/2008

Electronic Signature of Signing Officer or Director

Date