

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-02-2006 90076 010 ***150.00

DOCUMENT # N05000010807 1. Entity Name PINNACLE OFFICE SUITES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 806 ANASTASIA BOULEVARD ST. AUGUSTINE FL 32080				Mailing Address 806 ANASTASIA BOULEVARD ST. AUGUSTINE FL 32080	
2. Principal Place of Business 1750 TREE BLVD Suite, Apt. #, etc. Suite 2 City & State St. Aug, FL Zip 32084		3. Mailing Address 1750 TREE BLVD Suite, Apt. #, etc. Suite 2 City & State St. Aug, FL Zip 32084			
4. FEI Number 20-3696814		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, KATHERINE G 780 NORTH PONCE DE LEON BOULEVARD ST. AUGUSTINE FL 32084			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D VAN RENSBURG, ANDRE J 806 ANASTASIA BOULEVARD ST. AUGUSTINE FL 32080		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1750 TREE BLVD Suite 2 ST. AUG, FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAY, CHRISTOPHER K 39 AVISTA CIRCLE ST. AUGUSTINE FL 32080		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNE, RICHARD 12896 RIVER PLACE COURT JACKSONVILLE FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date Jan 23, 2006 Daytime Phone #					



ATTACHMENT ATTACHMENT

66002223

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

PINNACLE OFFICE SUITES CONDOMINIUM ASSOCIATION, INC.
1750 TREE BLVD STE 1
SAINT AUGUSTINE, FL 32084

Subject: PINNACLE OFFICE SUITES CONDOMINIUM ASSOCIATION, INC.

Reference Number: N05000010807

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH

ANNUAL REPORTS SECTION