

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000010807

1. Entity Name
**PINNACLE OFFICE SUITES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1750 TREE BLVD
SUITE 1
SAINT AUGUSTINE, FL 32084**

Mailing Address
**1750 TREE BLVD
SUITE 1
SAINT AUGUSTINE, FL 32084**

DO NOT WRITE IN THIS SPACE



01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3696814

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME VAN RENSBURG, ANDRE J
STREET ADDRESS 1750 TREE BLVD SUITE 1
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE D
NAME WAY, CHRISTOPHER K
STREET ADDRESS 39 AVISTA CIRCLE
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE D
NAME THORNE, RICHARD
STREET ADDRESS 12896 RIVER PLACE COURT
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/07

9048271717