

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N22989** (0)

1. Corporation Name

**THE PINNACLE AT COBBS LANDING HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

4131 GUNN HWY  
TAMPA FL 33624-4725

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TAMPA FL 33624-4725

3. Date Incorporated or Qualified  
**10/13/1987**

3a. Date of Last Report  
**03/02/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-2924910**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

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

24

25 Country

29

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENACRE PROPERTIES, INC.**  
4131 GUNN HWY  
TAMPA FL 33624

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
D	GREENE, ROBERT	2197 PINNACLE CIRCLE SOUTH	PALM HARBOR FL	<input checked="" type="checkbox"/>
D	MELE, DENNIS	2172 PINNACLE CIRCLE NORTH	PALM HARBOR FL	<input checked="" type="checkbox"/>
D	FAZZINI, CINDY	2154 PINNACLE CIRCLE NORTH	PALM HARBOR FL	<input checked="" type="checkbox"/>
P	HOLCOMBE, LYNN	2303 PINNACLE CIR N	PALM HARBOR FL	<input type="checkbox"/>
S	WALL, DAVID	2277 PINNACLE CIRCLE NORTH	PALM HARBOR FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
D/Treasurer	PELUSO, JULIE	3167 PINNACLE CIRCLE NORTH	PALM HARBOR, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP/Director	WILLIAMS, MIKE	2256 PINNACLE CIRCLE SOUTH	PALM HARBOR, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P/Director	Holcombe, Lynn	2303 Pinnacle Cir. N.	Palm Harbor, FL 34684	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 if changed, or on an attachment with an address.

SIGNATURE: *Lynn Holcombe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LYNN HOLCOMBE PRESIDENT**

Date: **2/6/96** Daytime Phone #: **(813) 789-6803**

CR2E037 (12/95)