


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

05-06-1999 90067 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22989

1. Corporation Name
THE PINNACLE AT COBBS LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 4131 GUNN HWY TAMPA FL 33624-4725	Mailing Address 4131 GUNN HWY TAMPA FL 33624-4725
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2. Principal Place of Business 21 1050A ELW PKWY Suits, Apt. #, etc.	2a. Mailing Address 26 1050A ELW PKWY Suits, Apt. #, etc.	3. Date Incorporated or Qualified 10/13/1987
22	27	4. FEI Number 59-2924910 Applied For Not Applicable
23 City & State OLDSMAR, FL	28 City & State OLDSMAR FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 34677	29 Zip 34677	30 Country
25 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GREENACRE PROPERTIES, INC. 4131 GUNN HWY TAMPA FL 33624	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1050A ELW PKWY 83 84 City OLDSMAR FL 85 Zip Code 34677
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD SPICHER, CRAIG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STRYPE, LYNN		1.2 NAME	
STREET ADDRESS 2191 PINNACLE CIRCLE NORTH		1.3 STREET ADDRESS 2136 PINNACLE CIRCLE N	
CITY-ST-ZIP PALM HARBOR FL 34684		1.4 CITY-ST-ZIP PALM HARBOR FL 34684	
TITLE DVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SD TILLUNG, TERRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GERVASONI, RENZO		2.2 NAME	
STREET ADDRESS 3457 WOODRIDGE PKWY		2.3 STREET ADDRESS 2133 PINNACLE CIRCLE N	
CITY-ST-ZIP PALM HARBOR FL 34684		2.4 CITY-ST-ZIP PALM HARBOR FL 34684	
TITLE DP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAINBURY, JAMES W. M.D.		3.2 NAME	
STREET ADDRESS 2245 PINNACLE CIRCLE S		3.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34684		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EGAN, STUART		4.2 NAME	
STREET ADDRESS 2148 PINNACLE CIRCLE S		4.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34684		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE VP/TB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALKER, RICHARD		5.2 NAME	
STREET ADDRESS 2160 PINNACLE CIRCLE S		5.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL 34684		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, 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: _____ DATE: **(727) 789-1284**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)