## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # N22989** Apr 29, 2000 8:00 am Secretary of State 1. Entity Name THE PINNACLE AT COBBS LANDING HOMEOWNERS ASSOCIA 04-29-2000 90015 044 \*\*\*\*61.25 Principal Place of Business Mailing Address 1050A ELW PKWY 1050A ELW PKWY. OLDSMAR FL 34677 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2924910 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREENACRE PROPERTIES, INC. 1050A ELW PKWY OLDSMAR FL 34677 City 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE TITLE Delete Vアン AZIZ, HAB IB 3392 PINNACLE CT. 5 PALM HARBOR FL 346 NAME NAME SPICHER, CRAIG STREET ADDRESS 2136 PINNACLE CIRCLE N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 SD Z Delete TITLE TITLE TILLUNG, TERRY NAME NAME STREET ADDRESS STREET ADDRESS 2133 PINNACLE CIRCLE N CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 🙇 Delete D TITLE TITLE NAME EGAN, STUART NAME STREET ADDRESS STREET ADDRESS 2148 PINNACLE CIRCLE S CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 Change ☐ Addition VTD TITLE $\rho \mathcal{D}$ TITLE ☐ Delete WALKER, RICHARD NAME NAME STREET ADDRESS 2160 PINNACLE CIRCLE S. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 Date Date Date Daylime Phone #