2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22989

FILED Apr 21, 2009 Secretary of State

Entity Name: THE PINNACLE AT COBBS LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O RESOURCE PROPERTY MGMT, INC. 28100 US 19 N, STE. 305 CLEARWATER, FL 33761

C/O RESOURCE PROPERTY MGMT, INC. 28100 US 19 N, STE. 205

CLEARWATER, FL 33761

Current Mailing Address:

New Mailing Address:

C/O RESOURCE PROPERTY MGMT, INC. 28100 US 19 N, STE. 305

C/O RESOURCE PROPERTY MGMT, INC. 28100 US 19 N, STE. 205

CLEARWATER, FL 33761

CLEARWATER, FL 33761

FEI Number: 59-2924910

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RESOURCE PROPERTY MGMT, INC.

RESOURCE PROPERTY MGMT, INC. 28100 US 19 N, STE. 205

28100 US 19 N, STE. 305

SUITE 305

SUITE 305 CLEARWATER, FL 33761 US

CLEARWATER, FL 33761 US

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:

04/21/2009

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Address:

City-St-Zip:

(X) Change () Addition

() Delete KLOOTE, DAVID Name: 2423 PINNACLE CT N. Address:

(X) Change () Addition KLOOTE, DAVID C Name: 2423 PINNACLE CT N.

City-St-Zip: PALM HARBOR, FL 34684

PALM HARBOR, FL 34684 City-St-Zip:

Title: () Delete Title: Name: ROTH, JAY

ROTH, JAY Name:

Address: 3395 PINNACLE CT S.

Address: 3395 PINNACLE CT S. City-St-Zip: PALM HARBOR, FL 34684

> Title: S/TD (X) Change () Addition

PALM HARBOR, FL 34684

Title: () Delete CLARK, LORI Name:

Name: CLARK, LORI 2125 PINNACLE CIR S. Address:

2125 PINNACLE CIR S. Address: City-St-Zip: PALM HARBOR, FL 34684

City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C KLOOTE PD Electronic Signature of Signing Officer or Director

04/21/2009 Date