

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000000381 1. Entity Name PARCEL B - THE PINNACLE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1050 EAST LAKE KWOODLANDS PKWY OLDSMAR, FL 34677 US				Mailing Address 1050 EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677 US	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		4. FEI Number 59-3229181	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCANNAVINO, DOMINICK 1050 EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	TD	FARNEY, PHIL	5156 PINNACLE DR OLDSMAR, FL 34677		
	PD	POPE, WILLIAM	5024 PINNACLE DRIVE OLDSMAR, FL		
	D	LUKIN, MARVIN	5123 PINNACLE DRIVE OLDSMAR, FL		
	VD	ROTH, JERRY	5182 PINNACLE DR OLDSMAR, FL 34677		
	D	SCHEMENAU, DICK	5140 PINNACLE DR OLDSMAR, FL 34677		
	SD	RICHARDSON, GREGORY	5155 PINNACLE DR OLDSMAR, FL		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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: 3-1-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					