

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90070 007 ****61.25

DOCUMENT # N94000000381					
1. Entity Name PARCEL B - THE PINNACLE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1050 EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677 US			Mailing Address 1050 EAST LAKE WOODLANDS PKWY OLDSMAR, FL 34677 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3229181	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ FL Zip Code _____		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE TD NAME FARNEY, PHIL STREET ADDRESS 5156 PINNACLE DR CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME POPE, WILLIAM STREET ADDRESS 5024 PINNACLE DRIVE CITY-ST-ZIP OLDSMAR, FL	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LUKIN, MARVIN STREET ADDRESS 5123 PINNACLE DRIVE CITY-ST-ZIP OLDSMAR, FL	<input type="checkbox"/> Delete		TITLE D NAME WEISS, MORRIS STREET ADDRESS 5124 PINNACLE DR. CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME ROTH, JERRY STREET ADDRESS 5182 PINNACLE DR CITY-ST-ZIP OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete		TITLE VD NAME SUZOR, ED STREET ADDRESS 5174 PINNACLE DR. CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SCHEMENAUR, DICK STREET ADDRESS 5140 PINNACLE DR CITY-ST-ZIP OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete		TITLE D NAME JOHNSTON, JUDY STREET ADDRESS 5164 PINNACLE DR. CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME RICHARDSON, GREGORY STREET ADDRESS 5155 PINNACLE DR CITY-ST-ZIP OLDSMAR, FL	<input checked="" type="checkbox"/> Delete		TITLE SD NAME TAYLOR, JAKE STREET ADDRESS 5186 PINNACLE DRIVE CITY-ST-ZIP OLDSMAR, FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>William C Pope</i> WILLIAM C POPE PRESIDENT			Date 3-27-06 Daytime Phone # 727-784-8103		