

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 752822

**Entity Name:** THE STUART WEST PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Oct 05, 2018**  
**Secretary of State**  
**CC9692385755**

**Current Principal Place of Business:**

C/O PINNACLE AM LLC  
430 NW LAKE WHITNEY PLACE  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

C/O PINNACLE AM LLC  
430 NW LAKE WHITNEY PLACE  
PORT ST LUCIE, FL 34986 US

**FEI Number:** 65-0178029

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROSS EARLE & BONAN, P.A.  
789 S FEDERAL HIGHWAY - SUITE 101  
STUART, FL 34994 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name KINANE-KELLEY, ERICA  
Address C/O PINNACLE AM LLC  
430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST LUCIE FL 34986

Title PRESIDENT  
Name MULLIN, STEPHEN  
Address C/O PINNACLE AM LLC  
430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST LUCIE FL 34986

Title SECRETARY  
Name GUIDRY, ARLYN  
Address C/O PINNACLE AM LLC  
430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST LUCIE FL 34986

Title VICE PRESIDENT  
Name KNIPPER, ROBERT  
Address C/O PINNACLE AM LLC  
430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST LUCIE FL 34986

Title TREASURER  
Name GUIDRY, ARLYN  
Address C/O PINNACLE AM LLC  
430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR  
Name RECOR, ROBERT  
Address C/O PINNACLE AM LLC  
430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR  
Name COOK, TIMOTHY  
Address C/O PINNACLE AM LLC  
430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST LUCIE FL 34986

Title DIRECTOR  
Name QUERY, BETH  
Address C/O PINNACLE AM LLC  
430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST LUCIE FL 34986

*I hereby 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 all other like empowered.*

**SIGNATURE: STEPHEN MULLIN**

**PRESIDENT**

**10/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date