

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00000008140

Entity Name: THE VINEYARDS AT ST. LUCIE WEST RESIDENTS' ASSOCIATION, INC.

**FILED
Jun 10, 2019
Secretary of State
8205351622CC**

Current Principal Place of Business:

PINNACLE ASSOC. MGMT
430 NW LAKE WHITNEY PL
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

PINNACLE ASSOC. MGMT
430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US

FEI Number: 56-2289362

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PINNACLE ASSOCIATION MANAGEMENT
430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 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: KATHERINE PASS

06/10/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PARMA, JOHN
Address PINNACLE ASSOC. MGMT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT SAINT LUCIE FL 34986

Title DIRECTOR
Name ORIA, GONZALO DR.
Address PINNACLE ASSOC. MGMT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT SAINT LUCIE FL 34986

Title SECRETARY
Name VICTOR, LINDA
Address PINNACLE ASSOC. MGMT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT SAINT LUCIE FL 34986

Title TREASURER
Name MACRIS, JOHN
Address PINNACLE ASSOC. MGMT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT SAINT LUCIE FL 34986

Title VP
Name PARKER, BARRY
Address PINNACLE ASSOC. MGMT
 430 NW LAKE WHITNEY PLACE
City-State-Zip: PORT SAINT 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: JOHN PARMA

PRESIDENT

06/10/2019

Electronic Signature of Signing Officer/Director Detail

Date