

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010100

Entity Name: OAK VISTAS COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**PINNACLE COMMUNITY ASSOCIATION MANAGEMENT
3307 CLARK RD #201
SARASOTA, FL 34231**Current Mailing Address:**PINNACLE COMMUNITY ASSOCIATION MANAGEMENT
PO BOX 21058
SARASOTA, FL 34276 US**FEI Number:** 20-3820818**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PINNACLE COMMUNITY ASSOCIATION MANAGEMENT
PINNACLE COMMUNITY ASSOCIATION MANAGEMENT
3307 CLARK RD #201
SARASOTA, FL 34231 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:** CRAIG SMITH**03/23/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	GOBETTI, AMALIA
Address	PO BOX 21058
City-State-Zip:	SARASOTA FL 34276

Title	TREASURER
Name	BARTOLOMEO, ALBERT
Address	PO BOX 21058
City-State-Zip:	SARASOTA FL 34276

Title	PRESIDENT
Name	TURNER, GARY
Address	PO BOX 21058
City-State-Zip:	SARASOTA FL 34276

Title	VP
Name	WELLS, FRED
Address	PO BOX 21058
City-State-Zip:	SARASOTA FL 34276

Title	DIRECTOR
Name	LIPPA, VIC
Address	PO BOX 21058
City-State-Zip:	SARASOTA FL 34276

Title	DIRECTOR
Name	COBENTZ, KIM
Address	PO BOX 21058
City-State-Zip:	SARASOTA FL 34276

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: GARY TURNER**PRESIDENT****03/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date