

**2024 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

03/15/2024

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

03/15/2024

Electronic Signature of Signing Officer/Director Detail

Date