

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010100

Entity Name: OAK VISTAS COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**

C/O PINNACLE COMMUNITY ASSOCIATION MANAGEMENT
2904 HYDE PARK ST
SARASOTA, FL 34239

Current Mailing Address:

C/O PINNACLE COMMUNITY ASSOCIATION MANAGEMENT
2904 HYDE PARK ST
SARASOTA, FL 34239 US

FEI Number: 20-3820818**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

HAMILTON, HEATHER
C/O PINNACLE COMMUNITY ASSOCIATION MANAGEMENT
2904 HYDE PARK ST
SARASOTA, FL 34239 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: HEATHER HAMILTON

03/19/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name GOBETTI, AMALIA
Address C/O PINNACLE COMMUNITY
ASSOCIATION MANAGEMENT
2904 HYDE PARK ST
City-State-Zip: SARASOTA FL 34239

Title TREASURER
Name BARTOLOMEO, ALBERT
Address C/O PINNACLE COMMUNITY
ASSOCIATION MANAGEMENT
2904 HYDE PARK ST
City-State-Zip: SARASOTA FL 34239

Title PRESIDENT
Name TURNER, GARY
Address C/O PINNACLE COMMUNITY
ASSOCIATION MANAGEMENT
2904 HYDE PARK ST
City-State-Zip: SARASOTA FL 34239

Title VP
Name HOLLIS, RICHARD
Address C/O PINNACLE COMMUNITY
ASSOCIATION MANAGEMENT
2904 HYDE PARK ST
City-State-Zip: SARASOTA FL 34239

Title DIRECTOR
Name WELLS, FRED
Address C/O PINNACLE COMMUNITY
ASSOCIATION MANAGEMENT
2904 HYDE PARK ST
City-State-Zip: SARASOTA FL 34239

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

03/19/2019

Electronic Signature of Signing Officer/Director Detail

Date