

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002727

Entity Name: BELLA VILLINO I CONDOMINIUM 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: 20-2522836

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: HEATHER HAMILTON

03/06/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MAY, PATRICIA
Address PINNACLE COMMUNITY
 ASSOCIATION MANAGEMENT
 PO BOX 21058
City-State-Zip: SARASOTA FL 34276

Title SECRETARY
Name VOGEL, KAREN
Address PINNACLE COMMUNITY
 ASSOCIATION MANAGEMENT
 PO BOX 21058
City-State-Zip: SARASOTA FL 34276

Title VICE PRESIDENT & TREASURER
Name SCHLAK, KEITH
Address PINNACLE COMMUNITY
 ASSOCIATION MANAGEMENT
 PO BOX 21058
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name BROWNING, JIM
Address PINNACLE COMMUNITY
 ASSOCIATION MANAGEMENT
 PO BOX 21058
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name GARRISON, JODI
Address PINNACLE COMMUNITY
 ASSOCIATION MANAGEMENT
 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: PATRICIA MAY

PRESIDENT

03/06/2024

Electronic Signature of Signing Officer/Director Detail

Date