

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000008123

**Entity Name:** EASTGATE TOWNHOMES AT PELICAN BAY HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 11, 2017**  
**Secretary of State**  
**CC0084165991**

**Current Principal Place of Business:**

112 GREY WIDGEON CT.  
DAYTONA BEACH, FL 32119

**Current Mailing Address:**

C/O PINNACLE ASSOCIATION MANAGEMENT  
430 NW LAKE WHITNEY PLACE  
PORT ST LUCIE, FL 34986 US

**FEI Number:** 20-5576992

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PINNACLE ASSOCIATION MANAGEMENT, LLC  
C/O PINNACLE ASSOCIATION MANAGEMENT  
430 NW LAKE WHITNEY PLACE  
PORT ST 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:** GAIL LOGAN

04/11/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WOLFF, PAULETTE  
Address        C/O PINNACLE ASSOCIATION  
                  MANAGEMENT  
                  430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST LUCIE FL 34986

Title            TREASURER  
Name            FLETCHER, GARY  
Address        C/O PINNACLE ASSOCIATION  
                  MANAGEMENT  
                  430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST LUCIE FL 34986

Title            SECRETARY  
Name            SCHUH, JEFFERY  
Address        C/O PINNACLE ASSOCIATION  
                  MANAGEMENT  
                  430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST LUCIE FL 34986

Title            VP  
Name            KAMMENOS, MARINOS  
Address        C/O PINNACLE ASSOCIATION  
                  MANAGEMENT  
                  430 NW LAKE WHITNEY PLACE  
City-State-Zip: PORT ST 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:** PAULETTE WOLFF

**PRESIDENT**

04/11/2017

Electronic Signature of Signing Officer/Director Detail

Date