



Form Revision Date 07/2016

ANNUAL REPORT

(Required by Section 911, Act 162, Public Act of 1982)

The identification number assigned by the Bureau is: 800876549

Annual Report Filing Year: 2019

1. Corporation Name:
PINNACLE ESTATES ASSOCIATION

2. The street address of the corporation's registered office and the name of the resident agent at that office:

1. Resident Agent Name: MARK J VANHAAREN
 2. Street Address: 4040 RIVERSITES DR
 Apt/Suite/Other:
 City: OMER
 State: MI Zip Code: 48749

3. Mailing address of the corporation's registered office:

P.O. Box or Street Address: PO BOX 141
 Apt/Suite/Other:
 City: STERLING
 State: MI Zip Code: 48659

4. If the corporation is a private foundation or formed to provide care to a dentally underserved population, check the following box. If the box is checked, the board shall consist of one or more directors. The board of all other corporations shall consist of three or more directors.

5. Provide the names and business or residence addresses of the corporation's board of directors and its president, treasurer, and secretary:

| Title | Name | Residence or Business Address |
|-----------|-----------------|---|
| PRESIDENT | COREY STROH | 4725 FRANKLIN TRAIL, STERLING, MI 48689 USA |
| TREASURER | JULIA LAPRAIRIE | 248 PINNACLE DRIVE, OMER, MI 48749 USA |
| TREASURER | MARK VAN HAAREN | 4040 RIVERSITES DR, OMER, MI 48749 USA |
| SECRETARY | SHARON WILLIAMS | 4547 FRANKLIN TRL, STERLING, MI 48659 USA |
| DIRECTOR | JAMES W DIFFELL | 4052 RIVERSITES DR, OMER, MI 48749 USA |
| DIRECTOR | ART LARGESSE | 4138 RIVERSITES DRIVE, OMER, MI 48749 USA |
| DIRECTOR | GERALD F ROHN | 4255 MILLER RD, STERLING, MI 48658 USA |

6. Describe the purposes and general nature and kind of business in which the corporation engaged in during the year covered by this report:

HOMEOWNERS ASSOCIATION

Signed this 29th Day of September, 2019 by:

| Signature | Title | Title if "Other" was selected |
|-----------|-------|-------------------------------|
| | | |

Julia LaPrairie

Treasurer

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the 2019 ANNUAL REPORT

for

PINNACLE ESTATES ASSOCIATION

ID Number: 800876549

received by electronic transmission on September 29, 2019 , ***is hereby endorsed.***

Filed on September 30, 2019, ***by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 30th day of September, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau