



Form Revision Date 07/2016

## ANNUAL REPORT

For use by DOMESTIC NONPROFIT CORPORATION  
 (Required by Section 911, Act 162, Public Act of 1982)

The identification number assigned by the Bureau is: 800876549

Annual Report Filing Year: 2024

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: 248 PINNACLE DRIVE  
 Apt/Suite/Other:  
 City: OMER  
 State: MI Zip Code: 48749

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	SHELLEY WILLIAMS (VICE PRESIDENT)	4627 FRANKLIN TRAIL, STERLING, MI 48689 USA
PRESIDENT	SHARON WILLIAMS	4597 FRANKLIN TRAIL, STERLING, MI 48689 USA
TREASURER	MARK VAN HAAREN	4040 RIVERSITES DR, OMER, MI 48749 USA
SECRETARY	LAURA WILLIAMS	4601 FRANKLIN TRAIL, STERLING, MI 48689 USA
DIRECTOR	JEFFERY FUNDUKIAN	2046 LAUROMEST, ROYAL OAK, MI 48073 USA
DIRECTOR	JIM DIFFELL	4052 RIVERSITES, OMER, MI 48749 USA
DIRECTOR	SUE DAVIS	2013 HOLLYWOOD AVE, GROSS POINT WOODS, MI 48236 USA
DIRECTOR	ART LARGES	4138 RIVERSITES, OMER, MI 48749 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. PROPERTY AND PARK IMPROVEMENTS AND REPAIRS. LAWN CARE ON PARK.

Signed this 30th Day of September, 2024 by:

Signature	Title	Title if "Other" was selected
Julia Laprairie	Authorized Agent	

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*** 2024 ANNUAL REPORT

***for***

PINNACLE ESTATES ASSOCIATION

***ID Number:*** 800876549

***received by electronic transmission on*** September 30, 2024 , ***is hereby endorsed.***

***Filed on*** September 30, 2024, ***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, 2024.***

*Linda Clegg*

***Linda Clegg, Director***

***Corporations, Securities & Commercial Licensing Bureau***