

FILE NOW: FILING FEE IS \$61.25

48-182

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721813 (4)

1. Corporation Name

FOREST PINES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1801 GLENGARY ST
SARASOTA FL 34231-0603

1801 GLENGARY ST
SARASOTA FL 34231-0603

3. Date Incorporated or Qualified

09/30/1971

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1685026

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOMINIUM MANAGEMENT INC
1801 GLENGARY ST
SARASOTA FL 34231

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AST	<input type="checkbox"/> DELETE
NAME	CLARK, P R	
STREET ADDRESS	1801 GLENGARY STR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ETTENDER, EDWARD	
STREET ADDRESS	1652 WHITEHEAD DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	ST. ONGE, WALLACE	
STREET ADDRESS	3739 COLLINS ST	
CITY - ST - ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TUTTLE, ALFRED	
STREET ADDRESS	1377 GLENDALE CIR E	
CITY - ST - ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FUNK, KATHLEEN	
STREET ADDRESS	1536 STEWART DR	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REED, GEORGE	
STREET ADDRESS	1661 WHITEHEAD DR	
CITY - ST - ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

SEE ATTACHED

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***\$61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard Clark
Richard Clark

3/1/96

941-921-5393
322-96

CR2E037 (12/95)

FPS**Forest Pines Association, Inc.****Manager****TOM*****Local Address*****P/D****Mr. Wallace St. Onge
3739 Collins Street
Sarasota, FL 34232****V/D****Mr. Bill Fink
3723 Collins Street
Sarasota, FL 34232****S/D****Mr. Alfred Tuttle
1377 Glendale Circle East
Sarasota, FL 34232****T/D****Ms. Kathleen Funk
1536 Stewart Drive
Sarasota, FL 34232****D****Ms. Judy Pope
1601 Whitehead Drive
Sarasota, FL 34232****AS/T****P. Richard Clark
1801 Glengary Street
Sarasota, FL**

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