

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34231-3803

3. Date Incorporated or Qualified 09/30/1971  
3a. Date of Last Report 03/22/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                     |  |
|----------------|---------------------|--|
| 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           | ST. ONGE, WALLACE   |  |
| STREET ADDRESS | 3739 COLLINS ST     |  |
| CITY-ST-ZIP    | SARASOTA FL 34232   |  |
| TITLE          | SD                  | <input type="checkbox"/> DELETE            |
| NAME           | TUTTLE, ALFRED      |  |
| STREET ADDRESS | 1377 GLENDALE CIR E |  |
| CITY-ST-ZIP    | SARASOTA FL 34232   |  |
| TITLE          | SD                  | <input checked="" 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           | POPE, JUDY          |  |
| STREET ADDRESS | 1601 WHITEHEAD DR   |  |
| CITY-ST-ZIP    | SARASOTA FL         |  |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

SEE ATTACHED

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 checked, or on an attachment with an address.

SIGNATURE: *P. Richard Clark* P. Richard Clark  
4/11/97 941/921-5393

CR2E037 (9/96)

**FPS**

**Forest Pines Association, Inc.**

Manager: TOM 1501 Grand Boulevard

Sarasota

Date Printed 3/3/97

Page  
Tel Acct

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P/D

Mr. Wallace St. Onge

Local Address

3739 Collins Street  
Sarasota, FL 34232

V/D

Mr. Michael Moran

Local Address

1360 Glendale Circle W.  
Sarasota, FL 34232

S/D

Mr. Alfred Tuttle

Local Address

1377 Glendale Circle East  
Sarasota, FL 34232

T/D

Ms. Kathleen Funk

Local Address

1536 Stewart Drive  
Sarasota, FL 34232

D

Ms. Judy Pope

Local Address

1601 Whitehead Drive  
Sarasota, FL 34232

AS/AT

Mr. P. Richard Clark

Local Address