

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90061 040 \*\*\*\*61.25

**DOCUMENT # 721813**

1. Corporation Name

**FOREST PINES ASSOCIATION, INC.**

Principal Place of Business

**1801 GLENGARY ST  
SARASOTA FL 34231-0603**

Mailing Address

**1801 GLENGARY ST  
SARASOTA FL 34231-0603**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country

3. Date Incorporated or Qualified

**09/30/1971**

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

9. Name and Address of Current Registered Agent

**CONDOMINIUM MANAGEMENT INC  
1801 GLENGARY ST  
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

**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

TITLE **AST** ☐ DELETE

NAME **CLARK, P R**  
STREET ADDRESS **1801 GLENGARY STR**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **PD** ☐ DELETE

NAME **MELTON MILLER**  
STREET ADDRESS **1328 GLENDALE CIR E**  
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **SD** ☐ DELETE

NAME **BEVERLY RABALAIS**  
STREET ADDRESS **1564 STEWART DR**  
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **D** ☐ DELETE

NAME **MORAN, MICHAEL**  
STREET ADDRESS **1360 GLENDALE CIRCLE W.**  
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **TD** ☐ DELETE

NAME **FUNK, KATHLEEN**  
STREET ADDRESS **1536 STEWART DR**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **VD** ☐ DELETE

NAME **IVAN KAUFFMAN**  
STREET ADDRESS **1550 GRAND BLVD**  
CITY-ST-ZIP **SARASOTA FL 34232**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037\_11/98