

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 21 AM 9:49

DOCUMENT # 743975 (5)

1. Corporation Name

THE PINES OF CLEARWATER CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

C/O HARBOUR MANAGEMENT  
552 MAIN ST.  
SAFETY HARBOR FL 34695

C/O HARBOUR MANAGEMENT  
552 MAIN ST.  
SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/18/1978 3a. Date of Last Report 01/21/1994  
4. FEI Number 59-1881045 Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARBOUR MANAGEMENT  
552 MAIN STREET  
SAFETY HARBOR FL 34695

81 Name STEVEN MEZER, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable) 1012 COURT ST., SUITE B  
83  
84 City CLEARWATER FL 85 Zip Code 34616

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent

(NOTE: Registered Agent signature required when re-registering)

1/30/95  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS  
NAME MORTIMER, JOANNE C.  
STREET ADDRESS 1575 GREENLEA DR. #8  
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE DP  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD  
NAME CLARK, LEE  
STREET ADDRESS 1575 GREENLEA DR 02  
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE DS  Change  Addition  
2.2 NAME KATHEN SCHAMEL  
2.3 STREET ADDRESS 1579 GREENLEA DR #5  
2.4 CITY-ST-ZIP CLEARWATER, FL 34615

TITLE DVP  
NAME BARTHOLOMEW, JOAN  
STREET ADDRESS 1575 GREENLEA DR 03  
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  
NAME HASTINGS, MARTIN  
STREET ADDRESS 1577 GREENLEA DR., #07  
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE TD  Change  Addition  
4.2 NAME JOHN "MIKEY" SHADY  
4.3 STREET ADDRESS 1575 GREENLEA DR. #11  
4.4 CITY-ST-ZIP CLEARWATER, FL 34615

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE D  Change  Addition  
5.2 NAME EDITH MLDERMOTT  
5.3 STREET ADDRESS 1575 GREENLEA DR #4  
5.4 CITY-ST-ZIP CLEARWATER, FL 34615

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joanne C. Mortimer Pres. 2-7-95 813-726-2397  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR