

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified **08/18/1978** 3a. Date of Last Report **02/21/1995**

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	27 City & State
23 Zip	25 Country	29 Zip	30 Country

4. FEI Number <b>59-1881045</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**MEZER, STEVEN  
1212 COURT ST  
SUITE B  
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent  
81 Name **Patricia Lieb Lerner**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**606 Madison St. # 2001**  
83 City **Tampa** 85 Zip Code **FL 33602**

11. Pursuant to the provisions of Sections 617.0602 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]* (NOTE: Registered Agent Signature required when reinstating) DATE: **4/15/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<b>STANLEY TICHKO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORTIMER, JOANNE C.</b>	1.2 NAME	<b>1589 Greenlea Dr. #11</b>
STREET ADDRESS	<b>1575 GREENLEA DR. #8</b>	1.3 STREET ADDRESS	<b>CLEARWATER, FL 34615</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<b>JOAN BARTHOLOMEW</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHAMEL, KATHEEN</b>	2.2 NAME	<b>1579 Greenlea Drive #03</b>
STREET ADDRESS	<b>1575 GREENLEA DR 02</b>	2.3 STREET ADDRESS	<b>CLEARWATER, FL. 34615</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DVP</b>	3.1 TITLE	<b>U.P. DALMAR BERNETT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTHOLOMEW, JOAN</b>	3.2 NAME	<b>1577 GREENLEA DR. #09</b>
STREET ADDRESS	<b>1575 GREENLEA DR 03</b>	3.3 STREET ADDRESS	<b>CLEARWATER, FL 34615</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	4.1 TITLE	<b>TRD EDITH MCDERMOTT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHADE, JOHN "MICKEY"</b>	4.2 NAME	<b>1575 GREENLEA DR. #4</b>
STREET ADDRESS	<b>1577 GREENLEA DR., #07</b>	4.3 STREET ADDRESS	<b>CLEARWATER, FL 34615</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<b>DR KATHLEEN McPhillips</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDERMOTT, EDITH</b>	5.2 NAME	<b>1579 GREENICA DR. # 04</b>
STREET ADDRESS	<b>1575 GREENLEA DR #4</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<b>900001786689</b> <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>-04/19/96--01015--009</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>***61.25</b>
CITY-ST-ZIP		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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **6 Feb 1996** 803.4442-  
Daytime Phone: **4-18-96**

CR2E037 (12/95)