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Mar 21 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 # 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 34695-3549

3. Date Incorporated or Qualified
08/18/1978

3a. Date of Last Report
04/18/1996

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
59-1881045

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

LIEB-LERNER, PATRICIA
606 MADISON STREET
#2001
TAMPA FL 33602

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	P	<input type="checkbox"/> DELETE
NAME	TICHKO, STANLEY	
STREET ADDRESS	1589 GREENLEA DR. #11	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARTHOLOMEW, JOAN	
STREET ADDRESS	1579 GREENLEA DRIVE #03	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BENNETT, DELMAR	
STREET ADDRESS	1577 GREENLEA DRIVE #09	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCDERMOTT, EDITH	
STREET ADDRESS	1575 GREENLEA DRIVE #07	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCPHILLIPS, KATHLEEN	
STREET ADDRESS	1579 GREENLEA DRIVE #04	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kathleen McPhillips	
1.3 STREET ADDRESS	1579 Greenlea Drive #04	
1.4 CITY-ST-ZIP	Clearwater, FL 34615	
2.1 TITLE	Vice President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Norman Zimmerman	
2.3 STREET ADDRESS	1589 Greenlea Drive #04	
2.4 CITY-ST-ZIP	Clearwater, FL 34615	
3.1 TITLE	Treasurer D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Martin Hastings	
3.3 STREET ADDRESS	1577 Greenlea Drive #07	
3.4 CITY-ST-ZIP	Clearwater, FL 34615	
4.1 TITLE	Secretary D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joanne Martimer	
4.3 STREET ADDRESS	1575 Greenlea Drive #09	
4.4 CITY-ST-ZIP	Clearwater, FL 34615	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Naomi Pieratt	
5.3 STREET ADDRESS	1575 Greenlea Drive #05	
5.4 CITY-ST-ZIP	Clearwater, FL 34615	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 changed, or on an attachment with an address.

SIGNATURE:

Joanne C Martimer

3-6-97 813-4475916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0069229

CR2E037 (9/96)