

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90016 042 ****61.25

DOCUMENT # 743975

1. Corporation Name
THE PINES OF CLEARWATER CONDOMINIUM, INC.

Principal Place of Business: C/O HARBOUR MANAGEMENT, 552 MAIN ST., SAFETY HARBOR FL 34695
Mailing Address: C/O HARBOUR MANAGEMENT, 552 MAIN ST., SAFETY HARBOR FL 34695



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2180 W SR 434	26	2180 W SR 434	08/18/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	STE 5000	27	STE 5000	59-1881045	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	LONGWOOD FL	28	LONGWOOD FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24	32779 US	29	32779 US		

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 HART, JAMES W JR		
				82	Street Address (P.O. Box Number is Not Acceptable) 2180 W SR 434 STE 5000		
				83			
				84	City LONGWOOD	85	Zip Code FL 32779

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] (NOTE: Registered Agent signature required when reinstating) DATE: 2/26/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHILLIPS, KATHLEEN		1.2 NAME		
STREET ADDRESS	1579 GREENLEA DRIVE, #04		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, NORMAN		2.2 NAME		
STREET ADDRESS	1589 GREENLEA DRIVE, #04		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	BARTHOLOMEW, JOAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTHOLOMEW, JAN		3.2 NAME		
STREET ADDRESS	1579 GREENLEA DR #3		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIMER, JOANNE		4.2 NAME	SCHIEREN, LEE	
STREET ADDRESS	1575 GREENLEA DRIVE, #08		4.3 STREET ADDRESS	1589 GREENLEA DR #06	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUNARI, JUANITA R		5.2 NAME	DAVID LUBELL	
STREET ADDRESS	1577 GREENLEA #4		5.3 STREET ADDRESS	1589 GREENLEA DR #9	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	THOMAS WINKLER	
STREET ADDRESS			6.3 STREET ADDRESS	1589 GREENLEA DR #6	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	CLEARWATER FL 33755	

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] DATE: 1-10-99 DAYTIME PHONE #: (727)446-1769
KATHLEEN M. MCPHILLIPS

CR2E037 (11/98)

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