

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90017 036 ****61.25

DOCUMENT # N95000003567					
1. Entity Name PINESTONE AT PALMER RANCH ASSOCIATION, INC.					
Principal Place of Business PINESTONE AT PALMER RANCH 4255 PLAYERS PLACE SARASOTA, FL 34238-5522 US			Mailing Address PINESTONE AT PALMER RANCH 4255 PLAYERS PLACE SARASOTA, FL 34238-5522 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent MCEENATHEN, CHAD M ESQ. 1820 RINGLING BOULEVARD SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (Please Print) City State Zip Code	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANTHONY, COITO 4215 BREEZEWAY BLVD., UNIT #2411 SARASOTA, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lewis Rozolis 4255 Players Place Sarasota FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOERKE, DOROTHY E 8389 WINGATE DR., UNIT # 2320 SARASOTA, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas Barry 4255 Players Place Sarasota FL 34238	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANIELS, ROBERT 8360 WINGATE DR., UNIT #814 SARASOTA, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. [Blank] [Blank] [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BREITFELDER, RONALD 4250 PLAYERS PL., #2626 SARASOTA, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] [Blank] [Blank] [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLLISTER, ROBERT 4235 CASTLEBRIDGE LN., UNIT #1220 SARASOTA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Susan Wager 4255 Players Place Sarasota FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACON, GREGORY 4235 CASTLEBRIDGE LN., UNIT #1214 SARASOTA, FL 34238	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP [Blank] [Blank] [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Robert W. Daniel</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					