FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1997 8:00am

Secretary of State

Sandra S. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

appears in Block 12 or Block

SIGNATURE:

N95000003557 (4)

PINESTONE AT PALMER RANCH NO. 7 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address C/O CONDOMINIUM MGMT.. INC C/O CONDOMINIUM MGMT., INC 1801 GLENGARY ST. 1801 GLENGARY ST. SARASOTA FL 34231-3803 SARASOTA FL 34231-3603 3a. Date of Last Report 04/18/1996 3. Date Incorporated or Qualified 07/27/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing **Trust Fund Contribution** 23 28 added to Fees Country Zip Zip Country 8. This corporation has liability for intangible tay under s. 199.032, Yes No 24 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KUSSNER, STEPEN L 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 2100, ONE TAMPA CITY CENTER BLDG. **B3** TAMPA FL 33601 84 City 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, typod or printed name of registered agent and title if applicable (NOTE: Flegistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. OFFICERS AND DIRECTORS 13. PD DELETE Change Addition 1.1 TITLE TITLE MAPES, REED 1.2 NAME NAME 435 10TH AVENUE WEST STREET ADDRESS 1.3 STREET ADDRESS PALMETTO FL 34221 CHY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition THILE 2.1 TITLE WHEALY, THOMAS NAME 2.2 NAME 248 PALL MALL STREET 2.3 STREET ADDRESS STREET ADDRESS LONDON, ONTARIO N6A 5P6 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE . Change ☐ Addition 3.1 TITLE TITLE INGANMORT, MILFORD NAME 3.2 NAME 1203 DOCKSIDE PLACE 3.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition A/S 4.1 TITLE TITLE CLARK, RICHARD P. 4.2 NAME NAME 1801 GLENGARY ST. 4.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY - ST - ZIF 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change ___ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **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 deport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporate or trustee appropriate this report as required by Chapter 617, Florida Statutes; and that my name