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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003558 (2)**

1. Corporation Name

**PINESTONE AT PALMER RANCH NO. 4 CONDOMINIUM ASSO
CIATION, INC.**

Principal Place of Business

C/O CONDOMINIUM MGMT., INC
1801 GLENGARY ST.
SARASOTA FL 35231-3803

Mailing Address

C/O CONDOMINIUM MGMT., INC
1801 GLENGARY ST.
SARASOTA FL 34231-3803



3. Date Incorporated or Qualified
07/27/1995

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

APPLIED FOR 65-0664741

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

**KUSSNER, STEPHEN L
SUITE 2100, ONE TAMPA CITY CENTER BLDG.
TAMPA FL 33601**

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

TITLE **PD** ☐ DELETE
NAME **MAPES, REED**
STREET ADDRESS **435 10TH AVENUE WEST**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **VD** ☐ DELETE
NAME **WHEALY, THOMAS**
STREET ADDRESS **248 PALL MALL STREET**
CITY-ST-ZIP **LONDON, ONTARIO N6A 5P6**

TITLE **STD** ☒ DELETE
NAME **INGANMORT, MILFORD**
STREET ADDRESS **1203 DOCKSIDE PLACE**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **A/S** ☐ DELETE
NAME **CLARK, RICHARD P.**
STREET ADDRESS **1801 GLENGARY ST.**
CITY-ST-ZIP **SARASOTA FL 34231-3803**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **B/T/D Tom Sprinkle**
5.3 STREET ADDRESS **4255 Players Place**
5.4 CITY-ST-ZIP **Sarasota FL 34238**

6.1 TITLE ☐ Change ☐ 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)(j), 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 shareholder 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 a attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **941/921-5393**

CR2E037 (9/96)