
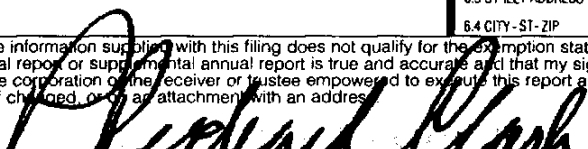


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000003558 (2)</b> 1. Corporation Name <b>PINESTONE AT PALMER RANCH NO. 4 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O CONDOMINIUM MGMT., INC. 1801 GLENGARY ST. SARASOTA FL 35231-3603</b>			Mailing Address <b>C/O CONDOMINIUM MGMT., INC. 1801 GLENGARY ST. SARASOTA FL 35231-3603</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>07/27/1995</b> 4. FEI Number <b>65-0664741</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>KUSSNER, STEPHEN L SUITE 2100, ONE TAMPA CITY CENTER BLDG. TAMPA FL 33601</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <b>PD MAPES, REED 435 10TH AVENUE WEST PALMETTO FL 34221</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <b>VD WHEALY, THOMAS 248 PALL MALL STREET LONDON, ONTARIO N6A 5P6</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <b>STD SPRINKLE, TOM 4255 PLAYERS PLACE SARASOTA FL</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <b>A/S CLARK, RICHARD P. 1801 GLENGARY ST. SARASOTA FL 34231-3603</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			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 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 in an attachment with an address.					
SIGNATURE:  <b>4/29/98 P. Richard Clark 941-921-5393</b>					

SEE ATTACHED

CR2E037 (10/97)

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**PPR****Pinestone at Palmer Ranch Neighborhood Assoc., Inc.**

Page : 1

**Manager LISA*****Local Address*****Date Printed:****4/7/98****Code**

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**D****Mr. Reed Mapes****40****D****Mr. Thomas Whealy****40****D****Mr. Tom Sprinkle  
Pinestone at Palmer Ranch  
4255 Players Place  
Sarasota, FL 34238****40****Ms. Lisa Siroky  
Pinestone at Palmer Ranch  
4255 Players Place  
Sarasota, FL 34238****90****Mr. Tom Little  
Annis Mitchell  
P.O Box 3433  
Tampa, FL 33601****90**