

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003560 (8)

1. Corporation Name

PINESTONE AT PALMER RANCH NO. 6 CONDOMINIUM ASSO
CIATION, INC.

Principal Place of Business

435 10TH AVENUE WEST
PALMETTO FL 34221

Mailing Address

435 10TH AVENUE WEST
PALMETTO FL 34221



2. Principal Place of Business

Condominium Management, Inc.
1801 Glengary Street
Sarasota, FL 34231-3603

2a. Mailing Address

Condominium Management, Inc.
1801 Glengary Street
Sarasota, FL 34231-3603

3. Date Incorporated or Qualified

07/27/1995

3a. Date of Last Report

4. FEI Number

☒ 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

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

10. Name and Address of New Registered Agent

Condominium Management, Inc.
1801 Glengary Street
Sarasota, FL 34231-3603

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AS ☐ Change ☒ Addition
4.2 NAME P. Richard Clark
4.3 STREET ADDRESS 1801 Glengary Street
4.4 CITY-ST-ZIP Sarasota, FL 34231

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or on an attachment with a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)