

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 # N95000003562 (4)

1. Corporation Name

PINESTONE AT PALMER RANCH NO. 1 CONDOMINIUM ASSO  
CIAATION, INC.

Principal Place of Business

Mailing Address

435 10TH AVENUE WEST  
PALMETTO FL 34221

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PALMETTO FL 34221



3. Date Incorporated or Qualified

07/27/1995

3a. Date of Last Report

☒ 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

2. Principal Place of Business

2a. Mailing Address

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

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

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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

83

84 City

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

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

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

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

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/96 941-921-5393  
Date Daytime Phone

CR2E037 (12/95)