

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003562

1. Entity Name

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

Principal Place of Business

Mailing Address

C/O CONDOMINIUM MANAGEMENT, INC.
1801 GLENGARY STREET
SARASOTA FL 34231-3603

C/O CONDOMINIUM MANAGEMENT, INC.
1801 GLENGARY STREET
SARASOTA FL 34231-3603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0634214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDO MGMT., INC.,
CONDOMINIUM MANAGEMENT, INC.
1801 GLENGARY STREET
SARASOTA FL 34231-3603

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PRIDE, ORLANDO S
STREET ADDRESS 8355 GLENROSE WAY UNIT 120
CITY-ST-ZIP SARASOTA FL

☐ Delete

TITLE VD
NAME ZARRIS, CONRAD D
STREET ADDRESS 8355 GLENROSE WAY, UNIT #123
CITY-ST-ZIP SARASOTA FL 34238

☐ Delete

TITLE STD
NAME WIRSIG, ELIZABETH
STREET ADDRESS 8355 GLENROSE WAY UNIT 113
CITY-ST-ZIP SRARSOTA FL

☐ Delete

TITLE AS
NAME CLARK, P. RICHARD
STREET ADDRESS 1801 GLENGARY STREET
CITY-ST-ZIP SARASOTA FL

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TITLE AT
NAME CLARK, PAUL R JR
STREET ADDRESS 1801 GLENGARY STREET
CITY-ST-ZIP SARASOTA FL

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. Richard Clark 4-15-02 (941) 921-5393

Date

Daytime Phone #

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90661 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)