

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 # **N95000023564**

1. Corporation Name  
**Pinestone at Palmer Ranch No. 25 Condominium Association, Inc.**

Principal Place of Business Mailing Address  
**435 10th Avenue W. 435 10th Avenue, W.**  
**Palmetto, FL 34221 Palmetto, FL 34221**

3. Date Incorporated or Qualified **07/27/1995** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21. <b>Condominium Mgt., Inc.</b>	26. <b>Condominium Mgt., Inc.</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
22. <b>1801 Glengary Street</b>	27. <b>1801 Glengary Street</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State	City & State		
23. <b>Sarasota, Florida</b>	28. <b>Sarasota, Florida</b>		
Zip	Zip		
24. <b>34231</b>	29. <b>34231</b>		
Country	Country		
25. <b>USA</b>	30. <b>USA</b>		

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

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Maples, Reed</b>	1.2 NAME	
STREET ADDRESS	<b>435 10th Avenue, W.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Palmetto, FL 34221</b>	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Whealy, Thomas</b>	2.2 NAME	
STREET ADDRESS	<b>248 Pall Mall Street</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>London, Ontario N6A 5P6</b>	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Inganmort, Milford</b>	3.2 NAME	
STREET ADDRESS	<b>1203 Dockside Place</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Sarasota, FL 34242</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>AS</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>P. Richard Clark</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>1801 Glengary Street</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>Sarasota, FL 34231</b>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>500001873115</b>
NAME		6.2 NAME	<b>-06/24/96--01032--025</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>***61.25</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E037 (12/95)