


FILE NOW: FILING FEE IS \$61.25

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90007 018 ****61.25

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|---|--|---|---|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N95000003566 | | | | | |
| 1. Corporation Name PINESTONE AT PALMER RANCH NO. 5 CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O CONDOMINIUM MGMT., INC 1801 GLENGARY ST. SARASOTA FL 34231-3603 | | | Mailing Address C/O CONDOMINIUM MGMT., INC 1801 GLENGARY ST. SARASOTA FL 34231-3603 | | |



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/27/1995 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0662630 | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | Trust Fund Contribution <input type="checkbox"/> | |

| | | | | | | | |
|--|--|--|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CONDOMINIUM MGMT INC 1801 GLENGARY ST SARASOTA FL 34231 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | 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 _____ (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 | DONALD G ANDREW | 1.2 NAME | |
| STREET ADDRESS | 8390 WINGATE DR #520 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34238 | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAZZEI, PATRICIA M MS. | 2.2 NAME | |
| STREET ADDRESS | 8390 WINGATE DR., UNIT 516 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 2.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOLFE, RUTH A MRS | 3.2 NAME | |
| STREET ADDRESS | 8390 WINGATE DR., UNIT 527 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 3.4 CITY-ST-ZIP | |
| TITLE | A/S <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARK, RICHARD P. | 4.2 NAME | |
| STREET ADDRESS | 1801 GLENGARY ST. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34231 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Richard P. Clark 4/8/99 7. Richard Clark 941-921-5393

CR2E037 (11/98)

P05**Pinestone At Palmer Ranch No. 5 Condo. Assoc., Inc.**

Page : 1

Manager LISA**Local Address**

Date Printed:

3/29/99

Code

P/D**Mr. Donald G. Andrew**
8390 Wingate Drive
Unit #520
Sarasota, FL 34238546650-90007-18 10
#N95000003566**V/D****Ms. Patricia M. Mazzei**
8390 Wingate Drive
Unit #516
Sarasota, FL 34238

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S/T/D**Mrs. Ruth A. Wolfe**
8390 Wingate Drive
Unit #527
Sarasota, FL 34238

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AS**Mr. P. Richard Clark**
1801 Glengary Street
Sarasota, FL 34231

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AT**Mr. Paul R. Clark, Jr.**
1801 Glengary Street
Sarasota, FL 34231

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