FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

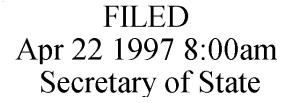
1997

N95000003567 (3) DOCUMENT #

PINESTONE AT PALMER RANCH NEIGHBORHOOD ASSOCIATI ON, INC.

Principal Place of Business

Mailing Address





CONDOMINUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-3603		1801 GLENGA	CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-3603			3. Date Incorporated or Qualified 07/27/1995	3a. Date of Le	st Report / 1996
							V1/0	1 1000
⊢ ′	lace of Business	— ~ ~	2a. Mailing Address			4. FEI Number	N. IIQIO	Applied For
21	и	26				APPLIED FOR/65		Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
22	-	27	7 City & State				Fe Fe	e Required
City & State	8	n '	ຫຼຸ່			6. Election Campaign Financing		OO May Be
23 Zio	Country	[28]				Trust Fund Contribution		ded to Fees
Zip	Country	 	, ' - ,			8. This corporation has liability for		er s. 199.032,
24 25 29 30 9. Name and Address of Current Registered Agent				Florida Statutes Yes Y No 10. Name and Address of New Registered Agent				
	g, Hambana Addicts of G	and the graterious Ager		81	Name	IV. Halle Bit Address of Heat N	distated vigalit	
COURT HIS								
CONDO MGMT., INC., CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET				62	Street Add	Street Address (P.O. Box Number is Not Acceptable)		
				63				
				63]
SARASOTA FL 34231-3603				84	City		95	Zip Code
44 Durayanti	in the are delegant Castians Ct.	7 0000 # 017 1500 FL		11			FL °'	
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	Signature, typed or printed name of register	ed agent and title if applicable	(NOTE Register	red Agen	it signature requ	urred when reinstating)	DATE	·····
12.	OFFICER	S AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12
TULE	PD		DELETE 1.1	TITLE	•		☐ Chai	nge Addition
NAME	Mapes, Reed		1.2	NAME				j.
STREET ADDRESS	435 10TH AVENUE WES	1	1.3	STREET A	ADDRESS			}
CITY-ST-ZIP	PALMETTO FL 34221		1.4	CITY-ST	- ZIP		100	į
TITLE	VD			TITLE			Cha	nge Addition
NAME	WHEALY, THOMAS		2.2	NAME	,			
STREET ADDRESS	A SA MALE ALLE AMOUNT			2.3 STREET ADDRESS		·		
CHTY-ST-ZIP	LONDON, ONTARIO N6/			CITY-ST				
TITLE	STD			TITLE			☐ Cha	nge Addition
NAME	INGANAMORT, MILFORD			NAME				
STREET ADDRESS	1203 DOCKSIDE PLACE			STREET A	ADDRESS.			
DITY-ST-ZIP	SARASOTA FL 34242			CITY-ST				
TITLE	AS	П		TITLE	1 EII		☐ Char	nge Addition
NAME	CLARK, P. RICHARD			NAME	ļ		المان نے	-a- Lingstrion
STREET ADDRESS	1801 GLENGARY STREE	T			DODECC			
	SARASOTA FL 34231-36			STREET A				
CITY-ST-ZIP TITLE	OMMOUIM FL 3423130			CITY-ST-	- 419		F1 Char	na Addition
		L		TITLE			L Char	ige 🔲 Addition
NAME				NAME			4	!
STREET ADDRESS		•		STREET A		٠.		
CITY-ST-ZIP		·		CITY-ST-	- ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		L		TITLE			Chai	nge 🔲 Addition
NAME			6.21	NAME				
STREET ADDRESS			6.3	STREET A	ADDRESS			
CITY - ST - ZIP		***************************************		CITY-ST-				
 14. I do hereb 	ov certify that the information su	polical with this filing doc	s not quality for the	e exem	notion state	ed in Section 119.07(3)(i). Florida Statute	s I further certify	that the

where and accurate and that my signature shall have the same legal effect as if made under oath; that wered to execute this report as required by Chapter 617, Florida Statutes; and that my name Information indicated on this annu I am an officer or director of the cappears in Block 12 or Block

SIGNATURE: