

PPR

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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003567 (3)
1. Corporation Name
PINESTONE AT PALMER RANCH NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-3603	Mailing Address CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-3603
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3. Date Incorporated or Qualified 07/27/1995	
4. FEI Number 65-0611918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent
**CONDO MGMT., INC.,
CONDOMINIUM MANAGEMENT, INC.
1801 GLENGARY STREET
SARASOTA FL 34231-3603**

10. Name and Address of New Registered Agent

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 617.0603, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAPES, REED	
STREET ADDRESS	435 10TH AVENUE WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHEALY, THOMAS	
STREET ADDRESS	248 PALL MALL STREET	
CITY-ST-ZIP	LONDON, ONTARIO N8A 5P8	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	INGANAMORT, MILFORD	
STREET ADDRESS	1203 DOCKSIDE PLACE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CLARK, P. RICHARD	
STREET ADDRESS	1801 GLENGARY STREET	
CITY-ST-ZIP	SARASOTA FL 34231-3603	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SEE ATTACHED

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 I am listed on an attachment with an address.

SIGNATURE: P. Richard Clark 4/25/98 P. Richard Clark 941-921-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063079

CR2E037 (10/97)

PPR

Pinestone at Palmer Ranch Neighborhood Assoc., Inc.

Page: 1

Manager LISA

Local Address

Date Printed:

4/7/98

Code

PD Mr. Reed Mapes 40
435 10th Ave W
Palmetto FL 34221

VD Mr. Thomas Whealy 40
248 Pall Mall St
London Ontario N6A 5P6

STD Mr. Tom Sprinkle 40
Pinestone at Palmer Ranch
4255 Players Place
Sarasota, FL 34238

AS P. Richard Clark 90
1801 Glengary St
Sarasota FL 34231

90