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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500003567

PINESTONE AT PALMER RANCH NEIGHBORHOOD ASSOCIATI ON, INC.

Principal Place of Business CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET

2. Principal Place of Business

SARASOTA FL 34231-3603

Mailing Address

2a. Mailing Address

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

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90136 005 ****61.25

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3. Date Incorporated or Qualifed

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Country Country Country Country Country Suite, Apt. #, etc. Applied For Not Applicable Status Desired Fee Required Solutional Fee Required Fee Required Solutional Fee Required Solutional Fee Required Fee Required Solutional Fee Required	21		26			07/27/1995		
City & State Country Country City & State Country Cou		#, etc.	Suite, Apt. #, etc.				Applied	For
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9. Name and Address of Current Registered Agent 9. Name and Address of Name Registered Agent 10. Name and Address of Name Registered Agent 11. Pursuant to the purpose of changing its registered 11. Pursuant to the purpose of changing its registered 12. Pursuant to the purpose of changing its registered 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. STORE ADDRESS AGENT AGENTS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. CITY-ST-ZP 16. CITY-ST-ZP 16. CITY-ST-ZP 17. LOTT-ST-ZP 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. Name In Title 1		Country	Zip	Country	/	6. Election Campaign Financing	1 \$5.00 May	Be
9. Name and Address of Current Registered Agent CONDO MGMT., INC., CONDOMINUM MANAGEMENT, INC. 180 (LENCARY STREET SARASOTA FL 34231-3803 24 City 15	24	25	29	30		Trust Fund Contribution	Added to Fe	es
CONDO MGMT., INC., CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-3803 383 384 City		9. Name and Address of Current	Registered Agent			10. Name and Address of New Regi	stered Agent	
CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA FL 34231-3603 84 City FL 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 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, and accept the onliquidone of, Section 617,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and accept the onliquidone of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the onliquidone of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the onliquidone of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I and accept the onliquidone of, Section 617,0502, Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and accept the onliquidone of, Section 617,0502, Plorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I and accept the onliquidon of, Section 617,0502, Plorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In a section of the purpose of changing its registered accept the purpose of changing its registered agent. In a section of the purpose of changing its registered agent. In a section of the purpose of changing its registered agent. In a section of the purpose of changing its registered agent. In a section of the purpose of changing its registered agent. In a section of the purpose of changing its registered agent. In a				81	Name			
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1801 CLENGARY STREET SARASOTA FL 34231-3803 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hybed or printed name of registered agent and 15st if applicables. SIGNATURE Signature, hybed or printed name of registered agent and 15st if applicables. SIGNATURE Signature, hybed or printed name of registered agent and 15st if applicables. SIGNATURE Signature, hybed or printed name of registered agent and 15st if applicables. SIGNATURE Signature, hybed or printed name of registered agent and 15st if applicables. SIGNATURE TILE PD OFFICERS AND DIRECTORS IN 12 TITLE PD SIGNATURE Signature, hybed or printed name of registered agent and 15st if applicables. SIGNATURE TILE PD OFFICERS AND DIRECTORS IN 12 TITLE PD OFFICERS AND DIRECTORS IN 12 TITLE OCHANGE 12 NAME 13 STREET ADDRESS TITLE ONDON, ONTARIO N6A 5P6 22 NAME 23 STREET ADDRESS TITLE OR STD OCHANGE AGADION OCHANGE AG					0.0007.100			
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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 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, 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, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE 12.					City		RE Zin Code	
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, in the marrial mith, and accept the obligations of, Societion 617.0509, Florida Statutes. SIGNATURE Signature, Speed or printed name of registered agent and the # applicable. (INDTE: Registered Agent signature required when releastancy)	44 Durant At the resistance of Sections 647 0500 and 647 1509. Florido Statutos the above paged compration submits this statement for the purpose of C							
SIGNATURE Signature, typed or printed name of registered agent and site of applicables. NOTE Registered Agent signature required when releasating)	office or r	egistered agent, or both, in the State of	' Florida. Such change was a	utnonzea by	the corporati	on's board of directors. I hereby accept the	e appointment as registe	rea
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12	SIGNATURE	Signature, typed or printed name of registered agent :	and title if applicable. (NOTE	Registered Age	nt signature require	ed when reinstating)	DATE	
MAPES, REED	12.			13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	N 12
NAME MAPES, REED STREET ADDRESS 435 10TH AVENUE WEST CITY-ST-ZIP PALMETTO FL 34221 13 STREET ADDRESS CITY-ST-ZIP NAME WHEALY, THOMAS STREET ADDRESS CITY-ST-ZIP LONDON, ONTARIO NGA 5PG STD OBLETE STD OBLETE STD OBLETE STREET ADDRESS CITY-ST-ZIP NAME TOM SPRINKLE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34238 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34238 STREET ADDRESS STREET	TITLE	PD	☐ DELETÉ	1.1 TITLE			Change	Addition
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indicated on this annual report or supplemental annual report is true an officer or director of the corporation or the receiver or trustee employed Block 12 or Block 13 if changed of or an attactment with an address. courate and that my signature shall have the same legal effect as if made under oath; to execute this report as required by Chapter 617, Florida Statutes; and that my name of other like empowered.

SIGNATURE: