

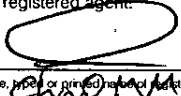
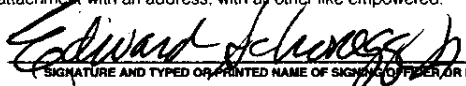


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90233 034 ****61.25

DOCUMENT # N95000003567					
1. Entity Name PINESTONE AT PALMER RANCH 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		
2. Principal Place of Business PINESTONE AT PALMER RANCH Suite, Apt. #, etc. 4255 PLAYERS PLACE City & State SARASOTA, FL.		3. Mailing Address Suite, Apt. #, etc. 34238-5522		 04062004 Chg-NP CR2E037 (10/03)	
City & State		4. FEI Number 65-0611918		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDO MGMT., INC., CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA, FL 34231-3603				7. Name and Address of New Registered Agent Name CHAD M. McCEENATHEN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 1820 RINGLING BOULEVARD City SARASOTA FL Zip Code 34236	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				DATE 4/14/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHONEGG, EDWARD JR 4210 BREEZEWAY BLVD UNIT # 416 SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY KAY HOLYNSKI 8335 GLENROSE WAY #1522 SARASOTA, FL 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLISTER, ROBERT 4235 CASTLEBRIDGE LANE UNIT # 1220 SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEW ROZOLIS 4210 BREEZEWAY BLVD. # 410 SARASOTA, FL 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOERKE, DOROTHY.E 8389 WINGATE DRIVE UNIT # 2320 SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLARK, P. RICHARD 1801 GLENGARY STREET SARASOTA, FL 342313603 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BREITFELDER, RONALD W 4250 PLAYERS PLACE UNIT # 2626 SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENDA, FRANK 4205 CASTLE BRIDGE LAND UNIT # 1113 SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER, OR DIRECTOR				Date 4/20/04 Daytime Phone # (941) 925-1813	