

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90122 002 \*\*\*\*61.25

0057072

**DOCUMENT # N95000003567**

1. Entity Name  
**PINESTONE AT PALMER RANCH NEIGHBORHOOD ASSOCIATI  
ON, INC.**



Principal Place of Business      Mailing Address

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

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0611918**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$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

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

I, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHONEGG, EDWARD JR	
STREET ADDRESS	4210 BREEZEWAY BLVD UNIT # 416	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLLISTER, ROBERT	
STREET ADDRESS	4235 CASTLEBRIDGE LANE UNIT # 1220	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOERKE, DOROTHY E	
STREET ADDRESS	8389 WINGATE DRIVE UNIT # 2320	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CLARK, P. RICHARD	
STREET ADDRESS	1801 GLENGARY STREET	
CITY-ST-ZIP	SARASOTA FL 34231-3603	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BREITFELDER, RONALD W	
STREET ADDRESS	4250 PLAYERS PLACE UNIT # 2626	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENDA, FRANK	
STREET ADDRESS	4205 CASTLE BRIDGE LAND UNIT # 1113	
CITY-ST-ZIP	SARASOTA FL 34238	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *P. Richard Clark*      **P. RICHARD CLARK**      4-10-03      (941) 921-5393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)