

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90008 001 ****61.25

DOCUMENT # N97000002155

1. Corporation Name

**PINESTONE AT PALMER RANCH NO. 8 CONDOMINIUM ASSG
CIATION, INC.**

Principal Place of Business

435 10TH AVE.. W.
PALMETTO FL 34221

Mailing Address

435 10TH AVE.. W.
PALMETTO FL 34221



2. Principal Place of Business

21 **Condominium Management Inc**
Suite, Apt. #, etc.
22 **1801 Glengary Street**
City & State
23 **Sarasota, Florida**
Zip Country
24 **34231** 25 **Sarasota**

2a. Mailing Address

26 **Condominium Management Inc**
Suite, Apt. #, etc.
27 **1801 Glengary Street**
City & State
28 **Sarasota, Florida**
Zip Country
29 **34231** 30 **Sarasota**

3. Date Incorporated or Qualified

04/16/1997

4. FEI Number

65-0754685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CONDOMINIUM MANAGEMENT INC.
1801 GLENGARY STREET
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARUSO, MARK R	
STREET ADDRESS	8360 WINEGATE DR #824	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COKER, MARION J	
STREET ADDRESS	8360 WINEGATE DR #811	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CLARK, RICHARD P	
STREET ADDRESS	1801 GLENGARY ST.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	CLARK, PAUL R JR	
STREET ADDRESS	1801 GLENGARY ST.	
CITY-ST-ZIP	SARASOTA FL 34231	
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 checked="" 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

P08**Pinestone At Palmer Ranch No. 8 Condo. Assoc., Inc.**

Page : 1

Manager MARG

Local Address

Date Printed:

4/7/99

Code

P/D

Mr. Mark R. Caruso
8360 Wingate Drive
#824
Sarasota, FL 34238

546683-90008-1
#197000002155

10

V/D

Mr. Robert W. Daniels
8360 Wingate Dr., #814
Sarasota, FL 34238

12

S/T/D

Mrs. Marion J. Coker
8360 Wingate Dr.
#811
Sarasota, FL 34238

35

AS

Mr. P. Richard Clark
1801 Glengary Street
Sarasota, FL 34231

50

AT

Mr. Paul R. Clark, Jr.
1801 Glengary Street
Sarasota, FL 34231

55