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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90193 034 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N97000003542

1. Corporation Name

PINESTONE AT PALMER RANCH NO. 23 CONDOMINIUM ASSOCIATION, 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 | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 06/19/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0771784 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 | | 28 | | \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing | |
| 24 | | 29 | | Trust Fund Contribution <input type="checkbox"/> | |
| Country | | Country | | 30 | |
| 25 | | 30 | | \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

CONDOMINIUM MGMT INC
1801 GLENGARY ST
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 617.1508, 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 617.0503, 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANDRA L SCHECODNIC | 1.2 NAME | |
| STREET ADDRESS | 8389 WINGATE DR #2321 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALMETTO FL 34238 | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES J TURCO | 2.2 NAME | |
| STREET ADDRESS | 8389 WINGATE DR #2322 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONDON, ONTARIO N6A 5P6 34238 | 2.4 CITY-ST-ZIP | |
| TITLE | STD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BARBARA A WADLINGER | 3.2 NAME | |
| STREET ADDRESS | 8389 WINGATE DR #2324 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34238 | 3.4 CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P RICHARD CLARK | 4.2 NAME | |
| STREET ADDRESS | 1801 GLENGARY ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34231 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 #

"SEE ATTACHED"

4/8/99
P. Richard Clark
941-921-5393

CR2E037 (11/98)

0066733

P23**Pinestone At Palmer Ranch No. 23 Condo. Assoc., Inc.**

Page : 1

Manager LISA**Local Address**

Date Printed:

3/29/99

Code

P/D**Mrs. Sandra L. Schecodnic**
8389 Wingate Drive, #2321
Sarasota, FL 34238535466-90/93-34⁰
N97000003542**V/D****James J. Turco**
8389 Wingate Dr., #2322
Sarasota, FL 34238

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S/T/D**Ms. Dorothy E. Goerke**
8389 Wingate Drive, #2320
Sarasota, FL 34238

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

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

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