2000 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # N9700003542 PINESTONE AT PALMER RANCH NO. 23 CONDOMINIUM ASS 05-03-2000 90142 024 ****61.25 Mailing Address Principal Place of Business 435 10TH AVE., W. 435 10TH AVE., W. PALMETTO FL 34221-5041 PALMETTO FL 34221 Principal Place of Business 3. Mailing Address 19MT, INC Condoninium to Condominium Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 801 Glena 801 Gleng City & State 4. FEI Number Applied For City & State 65-0771784 SARASOTA SARASOTA Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired SARASOTA SARASOTA 34231 Fee Required 34231 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CONDOMINIUM MGMT INC 1801 GLENGARY ST SARASOTA FL 34231 City Zip Code 8. The above nam SIGNATURE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. (66/6) PD ☐ Addition ☐ Change ☐ Delete TITLE TITLE SANDRA L SCHECODNIC NAME NAME STREET ADDRESS STREET ADDRESS 8389 WINGATE DR #2321 CITY-ST-7IP CITY-ST-ZIP PALMETTO FL 34238 ☐ Addition VD. ☐ Delete TITLE Change TITLE NAME James J Turco NAME STREET ADDRESS STREET ADDRESS 8389 WINGATE DR #2322 CITY-ST-ZIP CITY-ST-ZIP LONDON, ONTARIO N6A 5P6 34238 Change ☐ Addition Delete TITLE GOERKE, DOROTHY E MS NAME NAME STREET ADDRESS 8389 WINGATE DR #2324 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 AS ☐ Delete TITLE Change ☐ Addition TITLE

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 supplimental 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 of truliee 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 attackment with an address, with all other like entitlement.

CITY-ST-ZIP

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P RICHARD CLARK

1801 GLENGARY ST

SARASOTA FL 34231

4/20/2000

4. KichARD CLARI 941-921-5393

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