

FILE NOW: FILING FEE IS \$61.25

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May 12, 1999 8:00 am
Secretary of State

05-12-1999 90007 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004134

1. Corporation Name
PINESTONE AT PALMER RANCH NO. 15 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 435 10TH AVE. W. PALMETTO FL 34221	Mailing Address 435 10TH AVE. W. PALMETTO FL 34221
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 07/22/1997	4. FEI Number 65-0774966	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CONDOMINIUM MGMT INC 1801 GLENGARY ST SARASOTA FL 34231				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAPES, REED MR		1.2 NAME		
STREET ADDRESS	435 10TH AVE. W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221		1.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WHEALY, THOMAS MR		2.2 NAME		
STREET ADDRESS	248 PALL MALL ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON, ONTARIO N6A 5P6		2.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SPRINKLE, TOM MR		3.2 NAME		
STREET ADDRESS	4255 PLAYERS PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34238		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 ST		
CITY-ST-ZIP			4.4 CITY-		
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 ADD		
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		

"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)(l), 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: *Richard Clark* 4/8/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Richard Clark**
 Date: 4/8/99 Daytime Phone #: 941-921-5393

CR2E037 (1/98)

P15

Pinestone At Palmer Ranch No. 15 Condo. Assoc., Inc.

Page : 1

Manager LISA

Local Address

Date Printed:

3/29/99

Code

P/D

Ms. Mary Kay Holynski
8335 Glenrose Way, #1522
Sarasota, FL 34238

540647-90007-15
#N9200004134

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S/D

Mr. Marty Reisky
1521 Glenrose Way, #1521
Sarasota, FL 34238

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T/D

Ms. Dorothy Prose
8335 Glenrose Way, #1510
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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