

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90066 007 \*\*\*\*61.25

**DOCUMENT # N97000006086**

1. Entity Name

**PINESTONE AT PALMER RANCH NO. 16 CONDOMINIUM ASS**

Principal Place of Business

Mailing Address

435 10TH AVENUE WEST  
 PALMETTO FL 34221

435 10TH AVENUE WEST  
 PALMETTO FL 34221



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*90 Condominium Mgmt, Inc*

*90 Condominium Mgmt, Inc*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*1801 GLENGARY ST.*

*1801 GLENGARY ST.*

City & State

City & State

*SARASOTA, FLORIDA*

*SARASOTA, FLORIDA*

Zip

Country

Zip

Country

*34231*

*SARASOTA*

*34231*

*SARASOTA*

4. FEI Number

**65-0793234**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDOMINIUM MGMT INC  
 1801 GLENGARY ST  
 SARASOTA FL 34231

Name

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

City

**FL**

Zip Code

8. 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.

SIGNATURE

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

(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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | TD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | TRELOAR, JUDITH M       |  |
| STREET ADDRESS | 8330 GLENROSE WY, #1622 |  |
| CITY-ST-ZIP    | SARASOTA FL 34238       |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | SHULTZ, JOHN W          |  |
| STREET ADDRESS | 8330 GLENROSE WY, #1612 |  |
| CITY-ST-ZIP    | SARASOTA FL 34238       |  |
| TITLE          | AT                      | <input type="checkbox"/> Delete            |
| NAME           | CLARK, PAUL R JR        |  |
| STREET ADDRESS | 1801 GLENGARY ST        |  |
| CITY-ST-ZIP    | SARASOTA FL 34231       |  |
| TITLE          | AS                      | <input type="checkbox"/> Delete            |
| NAME           | CLARK, P. RICHARD       |  |
| 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    |                         |  |

|                |  |   |
|----------------|--|---|
| 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    |  |   |

**SEE ATTACHED**

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 empovered.

SIGNATURE:

*P. Richard Clark* 4/25/2000

*P. RICHARD CLARK*  
 941-921-5393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

Manager: **MARG**

*Local Address*

Date Printed:

4/24/00

Code

|     |  |    |
|-----|--|----|
| P/D | Mr. John W. Shultz<br>8330 Glenrose Way, #1612<br>Sarasota, FL 34238     | 10 |
| V/D | Ms. Amelia G. Golfinos<br>8330 Glenrose Way, #1623<br>Sarasota, FL 34238 | 12 |
| S/D | Ms. Georganna F. Menke<br>8330 Glenrose Way, #1613<br>Sarasota, FL 34238 | 25 |
| T/D | Mr. Louis Cohen<br>8330 Glenrose Way, #1614<br>Sarasota, FL 34238        | 30 |
| AS  | Mr. P. Richard Clark<br>1801 Glengary Street<br>Sarasota, FL 34231       | 50 |
| AT  | Mr. Paul R. Clark, Jr.<br>1801 Glengary Street<br>Sarasota, FL 34231     | 55 |

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