

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90035 032 ****61.25

DOCUMENT # N97000006086

1. Entity Name

PINESTONE AT PALMER RANCH NO. 16 CONDOMINIUM ASS

Principal Place of Business

**C/O CONDOMINIUM MGMT. INC
1801 GLENGARY ST
SARASOTA FL 34231**

Mailing Address

**C/O CONDOMINIUM MGMT. INC
1801 GLENGARY ST
SARASOTA FL 34231**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**CONDOMINIUM MGMT INC
1801 GLENGARY ST
SARASOTA FL 34231**

7. Name and Address of New Registered Agent

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	MENKE, GEORGANNA F	
STREET ADDRESS	8330 GLENROSE WAY, #1613	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COHEN, LOUIS	
STREET ADDRESS	8330 GLENROSE WAY, #1614	
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	PD	<input type="checkbox"/> Delete
NAME	SHULTZ, JOHN W	
STREET ADDRESS	8330 GLENROSE WAY, #1612	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLFINOS, AMELIA G	
STREET ADDRESS	8330 GLENROSE WAY, #1623	
CITY-ST-ZIP	SARASOTA FL 34238	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowered.

SIGNATURE:

P. Richard Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)