

# 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 <b>C/O CONDOMINIUM MGMT. INC          1801 GLENGARY ST          SARASOTA FL 34231</b>	Mailing Address <b>C/O CONDOMINIUM MGMT. INC          1801 GLENGARY ST          SARASOTA FL 34231</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0793234</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MENKE, GEORGANNA F 8330 GLENROSE WAY, #1613 SARASOTA FL 34238</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD COHEN, LOUIS 8330 GLENROSE WAY, #1614 SARASOTA FL 34238</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT CLARK, PAUL R JR 1801 GLENGARY ST SARASOTA FL 34231</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS CLARK, P. RICHARD 1801 GLENGARY ST SARASOTA FL 34231</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SHULTZ, JOHN W 8330 GLENROSE WAY, #1612 SARASOTA FL 34238</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GOLFINOS, AMELIA G 8330 GLENROSE WAY, #1623 SARASOTA FL 34238</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **P. Richard Clark** 4-11-01 **(941)921-5393**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)