NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800000729

PINESTONE AT PALMER RANCH NO. 9 CONDOMINIUM ASSO CIATION, INC.

9. Name and Address of Current Registered Agent

Principal Place of Business 435 10TH AVENUE WEST PALMETTO FL 34221

Mailing Address

ONE TAMPA CITY CENTER BLDG. P.O. BOX 3433

FILED May 12, 1999 8:00 am § Secretary of State

05-12-1999 90007 014 ****61.25

	TAMPA FL 33601)		
Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed 02/09/1998		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number Applied For		
2	27	65 - 0811710 Not Applicable		
City & State	City & State	5. Certifcate of Status Desired See Required		
Zip Country	Zip Country 29 30	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		

KUSSNER, STEPHEN L ONE TAMPA CENTER BUILDING **SUITE 2100 TAMPA FL 33601**

	10. Name and Address of New Registered Agent					
81	Name					
82	Street Address (P.O. Box Number is Not Acceptable)					
83						
84	City E1 85 Zip Code					

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.

CIONATURE								
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PD A DELETE	1.1 TTLE ☐ Change 💢 Ad	ldition					
NAME	MAPES, REED	1.2 NAME	ļ					
STREET ADDRESS	435 10TH AVENUE WEST	1.3 STREET ADDRESS						
CITY-ST-ZIP	PALMETTO FL 34221	1.4 CITY-ST-ZIP						
TITLE	VD ELETE	2.1 TITLE ☐ Change 🔀 Ad	idition [
NAME	WHEALY, THOMAS	2.2 NAME	}					
STREET ADDRESS	248 PALL MALL STREET	23 STREET ADDRESS						
CITY-ST-ZIP	LONDON ONTARIO N6A 5P6	2.4 CITY-ST-ZIP						
TITLE	STD ZOELETE	3.1 TITLE 'ange Ad	dition					
NAME	INGANMORT, MILFORD	3.2 NAME	}					
STREET ADDRESS	1203 DOCKSIDE PLACE	3.3 STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34242	3.4. CITY-ST-ZIP						
TITLE	DELETE	4.1 TTLE Change X Ad	ldition					
NAME		4.2 NAME	ļ					
STREET ADDRESS		23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRE.	Ī					
CITY-ST-ZIP		4.4 City-Si-2P						
TITLE	☐ DELETE	5.1 TITLE Change Ad	ldition					
NAME		5.2 NAME	ļ					
STREET ADDRESS		5.3 STREET ADDRESS	ĺ					
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 T/TLE ☐ Change ☐ Ad	dition					
NAME		6.2 NAME	ļ					
STREET ADORESS	•	6.3 STREET ADDRESS	Į					
CITY-ST-ZIP		6.4 CITY-ST-ZIP						

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 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 on one attackment with an address with all other like empowered.

SIGNATURE:

P09	Pinestone At Palmer Ranch No.9 Condo. Assoc., Inc.				Page: 1	
	Manager LISA	Local Address	Date Printed:	3/29/99	Code	
D		Mrs. Marcia L. Johnson 8350 Wingate Drive #920 Sarasota, FL 34238	546646- # N98	-90007 ? 100060 !	-14º 129	
D		Dr. Sarwat Adam 8350 Wingate Drive, #923 Sarasota, FL 34238			40	
AS		Mr. P. Richard Clark 1801 Glengary Street Sarasota, FL 34231			50	
AT		Mr. Paul R. Clark, Jr. 1801 Glengary Street Sarasota, FL 34231			55	

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