

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90660 036 \*\*\*\*61.25

**DOCUMENT # N98000005413**

1. Entity Name

**PINESTONE AT PALMER RANCH NO. 17 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**CONDOMINIUM MANAGEMENT INC.  
 1801 GLENGARY STREET  
 SARASOTA FL 34231**

**CONDOMINIUM MANAGEMENT INC.  
 1801 GLENGARY STREET  
 SARASOTA FL 34231**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0873027**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CONDOMINIUM MANAGEMENT, INC.  
 1801 GLENGARY STREET  
 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PFISTER, MILTON E</b>	
STREET ADDRESS	<b>4270 CASTLE BRIDGE LANE UNIT 1711</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34238-5421</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>COUGHLIN, LEO J</b>	
STREET ADDRESS	<b>4270 CASTLE BRIDGE LANE, UNIT 1722</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>HAYSLIP, CAROL</b>	
STREET ADDRESS	<b>4270 CASTLE BRIDGE LANE UNIT 1713</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, MR. P. RICHARD</b>	
STREET ADDRESS	<b>1801 GLENGARY STREET</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, MR. PAUL JR</b>	
STREET ADDRESS	<b>1801 GLENGARY STREET</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 authority like empowered.

SIGNATURE

*P. Richard Clark*  
 P. Richard Clark

**RECEIVED**

4-15-02

(941) 921-5393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

P17

**Pinestone At Palmer Ranch No.17 Condo. Assoc., Inc.**

Manager: Michele

*Local Address*

Date Printed:

04/11/02

Code

P/D	<b>Mr. Leo John Coughlin</b> 4270 Castle Bridge Lane Unit #1722 Sarasota, FL 34238	10
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V/D	<b>Mr. Milton E. Pfister</b> 4270 Castle Bridge Lane Unit #1711 Sarasota, FL 34238-5421	12
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S/T/D	<b>Mrs. Carol Hayslip</b> 4270 Castle Bridge Lane Unit #1713 Sarasota, FL 34238	35
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AS	<b>Mr. P. Richard Clark</b> 1801 Glengary Street Sarasota, FL 34231	50
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AT	<b>Mr. Paul R. Clark, Jr.</b> 1801 Glengary Street Sarasota, FL 34231	55
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