

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 14, 2001 8:00 am**
Secretary of State

04-14-2001 90035 041 ****61.25

DOCUMENT # N99000002209

1. Entity Name

PINESTONE AT PALMER RANCH NO. 26 CONDOMINIUM ASS

Principal Place of Business

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

Mailing Address

**C/O CONDOMINIUM MGMT. 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

Zip

Country

Zip

Country

4. FEI Number

65-0911394

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CONDOMINIUM MGMT, INC
1801 GLENGARY STREET
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 **PD** ☐ Delete
NAME **REED, LAURA**
STREET ADDRESS **4250 PLAYERS PLACE, #2613**
CITY-ST-ZIP **SARASOTA FL 34238**TITLE **SD** ☐ Delete
NAME **ARLET, KRYSTYNA**
STREET ADDRESS **4250 PLAYERS PLACE, #2620**
CITY-ST-ZIP **SARASOTA FL 34238**TITLE **TD** ☐ Delete
NAME **MURPHY, MAGGIE**
STREET ADDRESS **4250 PLAYERS PLACE, #2614**
CITY-ST-ZIP **SARASOTA FL 34238**TITLE **AS** ☐ Delete
NAME **CLARK, P RICHARD**
STREET ADDRESS **1801 GLENGARY STREET**
CITY-ST-ZIP **SARASOTA FL 34231**TITLE **AT** ☐ Delete
NAME **CLARK JR, PAUL R**
STREET ADDRESS **1801 GLENGARY STREET**
CITY-ST-ZIP **SARASOTA FL 342312**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ 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 being empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-01

**P. Richard Clark
(941) 921-5393**

CR2E037 (10/00)