## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9900005910

1. Entity Name

## PINESTONE AT PALMER RANCH NO. 14 CONDOMINIUM ASS OCIATION, INC.

Principal Place of Business								
	CONDOMINIUM GLENGARY ST	MGMT	INC					

Mailing Address

0.00 0000000000

Principal Place of Business     Suite, Apt. #, etc.  City & State		3. Mailing Address				
		Suite, Apt. #, e				
		City & State				
Zíp	Country	Zip	Country			

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

05-12-2002 90661 034 \*\*\*\*61.25

1801 GLENGARY ST 180		1801 GI	C/O CONDOMINIUM MGMT INC 1801 GLENGARY ST SARASOTA FL 34231			J IČNILIJAJ BRA	1 <b>0</b> 112 (2111 00111		1818: 81116 1618:	uğu başı çanı			
Principal Place of Business     3. M		3. Mail	Mailing Address										
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				DO NOT W	VRITE IN THIS	SPACE				
City & State		City	City & State			4. FEI Number 65-0952845 Applied For Not Applied For					7		
Zíp	·	Country	Zip Country		ntry		5. Certificate of S		<del></del> -	\$8.75 Ac		1	
	6. Name	and Address of Current	Registere	d Agent				7. Name and Ad	dress of Ne	w Registered	•		┨
			-			Name							1
CONDOMINIUM MANAGMENT, INC 1801 GLENGARY STREET SARASOTA FL 34231			Street Address (			(P.O. Box Number is Not Acceptable)							
					City					7:- 0	1-		
	_					City				F	Zip Cod	1e	
8. The above	<u> </u>	y submits this statement for	-						n the state of	Florida.			1
ý	Signature, typed	or printed name of registered agent a	and title if applic	cable. (NOTE:	Registered	Agent signature	e required v	when reinstating)		DATE			
FILE NOW: FEE IS \$61.25			9. Election Camp Trust Fund Co				\$5.00 May Be Added to Fees	ı	Make Chec Departme	k Payable ent of State			
10.		OFFICERS AND DIR	ECTORS		11.		Αſ	DDITIONS/CHANG	ES TO OFFI	CERS AND D	IRECTORS IN	V 10	ł
TITLE	PD			☐ Delete	TITLE						☐ Change	Addition	15
NAME	FERGUSOI	N, EARL W			NAME								3
STREET ADDRESS CITY-ST-ZIP	8315 GLEN	IROSE WAY , UNIT #14 \ FL 34238	424		STREE CITY-:	T ADDRESS ST-ZIP							200
TITLE	VD	·-		Delete	TITLE						☐ Change	Addition	٥
NAME	PRICE, DIA				NAME	j					☐ Change	L_ Addition	١
STREET ADDRESS	8315 GLENROSE WAY, UNIT #1410		STREE	ADDRESS							ĺ		
CITY-ST-ZIP	SARASOTA	FL 34238		·	CITY-S	ST-ZIP							ļ
TITLE	STD GEDRIN E	1 EEN A		☐ Delete	TITLE	i					☐ Change	☐ Addition	ĺ
NAME STREET ADDRESS	GERBIN, EI	LEEN A  ROSE WAY , UNIT #14	100		NAME	1000000							l
CITY-ST-ZIP	SARASOTA	. FL 34238	120		CITY-S	ADDRESS T-7IP							l
TITLE	AS	1 2 0 1200		☐ Delete	TITLE	-			-	<u>.</u>		- Address	l
NAME	CLARK, P F	₹		₩ Delete	NAME						☐ Change	☐ Addition	l
STREET ADDRESS		GARY STREET			STREET	ADDRESS							
CITY-ST-ZIP	SARASOTA	FL 34231			CITY-S	T-ZIP							
TITLE	AT			Delete	TITLE					_	Change	☐ Addition	
	CLARK, PA				NAME						-		
STREET ADDRESS : CITY-ST-ZIP		GARY STREET				ADDRESS							
	SARASOTA	FL 34231			CITY-S	I - ZIP		•			•		
TITLE NAME				☐ Delete	TITLE	. [					☐ Change	☐ Addition	
STREET ADDRESS					NAME	ADDRESS							
CITY-ST-ZIP				CITY-S							J		
	·				L							}	

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 supplymental 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 reveived or that exemples are empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the proposered.

SIGNATURE: