

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000006281**

1. Entity Name

**PINESTONE AT PALMER RANCH NO.19 CONDOMINIUM ASSO**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0957888**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CONDOMINIUM MANAGEMENT, 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	<input type="checkbox"/> Delete
NAME	MEIXNER, CAROL D	
STREET ADDRESS	4200 CASTLE BRIDGE LANE UNIT #1923	
CITY-ST-ZIP	SARASOTA FL 34238	

TITLE	VD	<input type="checkbox"/> Delete
NAME	WEISSLINGER, FRANK J III	
STREET ADDRESS	4200 CASTLE BRIDGE LANE	
CITY-ST-ZIP	SARASOTA FL 34238	

TITLE	STD	<input type="checkbox"/> Delete
NAME	BLESSING, KATHRYN G	
STREET ADDRESS	4200 CASTLE BRIDGE LANE	
CITY-ST-ZIP	SARASOTA FL 34238	

TITLE	AS	<input type="checkbox"/> Delete
NAME	CLARK, P. RICHARD	
STREET ADDRESS	1801 GLENGARY STREET	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE	AT	<input type="checkbox"/> Delete
NAME	CLARK, PAUL R JR	
STREET ADDRESS	1801 GLENGARY STREET	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**P. Richard Clark  
(941) 921-5393****4-11-01****945815**

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)