

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003567

**FILED**  
**Jan 23, 2013**  
**Secretary of State**  
**CC5181218133**

**Entity Name:** PINESTONE AT PALMER RANCH ASSOCIATION, INC.

**Current Principal Place of Business:**

PINESTONE AT PALMER RANCH  
4255 PLAYERS PLACE  
SARASOTA, FL 34238-5522

**Current Mailing Address:**

PINESTONE AT PALMER RANCH  
4255 PLAYERS PLACE  
SARASOTA, FL 34238-5522 US

**FEI Number:** 65-0611918

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCCLLENATHEN, CHAD MESQ.  
ARGUS PROPERTY MGMT, INC  
2477 STICKNEY POINT RD 118A  
SARASOTA, FL 34231 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name WALKER, ANDREW  
Address 4255 PLAYERS PLACE  
City-State-Zip: SARASOTA FL 34238

Title SECRETARY  
Name ROZOLIS, LEWIS  
Address PINESTONE AT PALMER RANCH  
4255 PLAYERS PLACE  
City-State-Zip: SARASOTA FL 34238-5522

Title VP  
Name WILLIAM, JONES  
Address 4255 PLAYERS PLACE  
City-State-Zip: SARASOTA FL 34238

Title P  
Name JUDITH, TRELOAR  
Address 4255 PLAYERS PLACE  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name HAWKE, JOHN  
Address PINESTONE AT PALMER RANCH  
4255 PLAYERS PLACE  
City-State-Zip: SARASOTA FL 34238-5522

Title T  
Name COITO, SUELLEN  
Address 4255 PLAYERS PLACE  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR  
Name HOERNER, ROBERT  
Address PINESTONE AT PALMER RANCH  
4255 PLAYERS PLACE  
City-State-Zip: SARASOTA FL 34238-5522

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUDITH TRELOAR

**PRESIDENT**

**01/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date