

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736649

1. Entity Name

PIPERS GLEN CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90047 014 ****61.25

Principal Place of Business C/O CMC, INC 4175 E BAY DR #205 CLEARWATER FL 33764 US	Mailing Address C/O CMC, INC 4175 E BAY DR #205 CLEARWATER FL 33764-6977 US
--	---



DO NOT WRITE IN THIS SPACE

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 59-1689312	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

REETLE, VIVIAN
1584 HEATHER CT
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name **Sidney Winder**
 Street Address (P.O. Box Number is Not Acceptable) **1595 Amberlea Dr S**
 City **Dunedin** FL Zip Code **34698**

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 **Sidney Winder** DATE **1-27-00**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIRSHBERG, ROBIN 1574 GLEN CT. DUNEDIN FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BETLE, VIVIAN 1584 HEATHER CT DUNEDIN FL 34698 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINDER, SIDNEY 1595 AMBERLEA DR S DUNEDIN FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHAFFNER, HELEN 1572 GLEN CT DUNEDIN FL 34698 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTZMAN, MIKE 1582 HEATHER CT DUNEDIN FL 34698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D MICHAEL HOLZMAN 1582 HEATHER CT DUNEDIN, FL 34698 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Betty Gress 1584 Heather Ct. Dunedin, FL 34698 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christine Musgrave 1562 Glen Ct Dunedin, FL 34698 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Sidney Winder** DATE **1/27/00** DAYTIME PHONE # **727-733-9179**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)