

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90110 050 ****61.25

DOCUMENT # 736649

1. Entity Name

PIPERS GLEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O CMC, INC
 4175 E BAY DR #205
 CLEARWATER FL 33764
 US

C/O CMC, INC
 4175 E BAY DR #205
 CLEARWATER FL 33764
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1689312

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINDER, SIDNEY
1595 AMBERLEA DR S
DUNEDIN FL 34698

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

3. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HIRSHBERG, ROBIN	
STREET ADDRESS	1574 GLEN CT.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOLZMAN, MICHAEL	
STREET ADDRESS	1582 HEATHER CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WINDER, SIDNEY	
STREET ADDRESS	1595 AMBERLEA DR S	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRESS, BETTY	
STREET ADDRESS	1584 HEATHER CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLTZMAN, MIKE	
STREET ADDRESS	1582 HEATHER CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MUSGRAVE, CHRISTINE	
STREET ADDRESS	1562 GLEN CT	
CITY-ST-ZIP	DUNEDIN FL 34698	

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	
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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	

2. 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WINDER, SIDNEY - TREASURER. 1/21/02

Date

Daytime Phone #

CR2E037 (9/01)