

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90040 038 ****61.25

DOCUMENT # 736649



1. Entity Name
PIPERS GLEN CONDOMINIUM ASSOCIATION, INC.

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 US



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

02162004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1689312

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WINDER, SIDNEY
1595 AMBERLEA DR S
DUNEDIN, FL 34698

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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 checked="" type="checkbox"/> Delete
NAME	HOLTZMAN, MIKE	
STREET ADDRESS	1582 HEATHER CT	
CITY - ST - ZIP	DUNEDIN, FL 34698	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOWHOW, VIRGINIA	
STREET ADDRESS	1588 GLEN CT.	
CITY - ST - ZIP	DUNEDIN, FL 34698	

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
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DowHow, Virginia	
STREET ADDRESS	1588 Glen Ct	
CITY - ST - ZIP	DUNEDIN, FL 34698	

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 liquidator 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]* **Robin Hirshberg** President **2/23/04** (787) 733-6543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #