


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90038 019 \*\*\*\*61.25

**DOCUMENT # 736649**  
 1. Entity Name  
**PIPERS GLEN CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>C/O CMC, INC</b> <b>4175 E BAY DR #205</b> <b>CLEARWATER, FL 33764 US</b>	Mailing Address <b>C/O CMC, INC</b> <b>4175 E BAY DR #205</b> <b>CLEARWATER, FL 33764 US</b>
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**DO NOT WRITE IN THIS SPACE**

40095935



04272007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  
**WINDER, SIDNEY**  
**1595 AMBERLEA DR S**  
**DUNEDIN, FL 34698**

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIRSHBERG, ROBIN 1574 GLEN CT. DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOLZMAN, MICHAEL 1582 HEATHER CT DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINDER, SIDNEY 1595 AMBERLEA DR S DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRESS, BETTY 1584 HEATHER CT DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONLOW, VIRGINIA 1588 GLEN CT. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 files empowered.

**SIGNATURE:**  **4/27/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #