
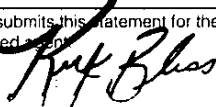
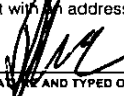


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90039 043 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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: KIRK BLISS Street: CMC 4175 East Bay Dr., Suite 205 City: Clearwater, FL 33764	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in accordance with the obligations of registered agent.			
SIGNATURE: 		DATE: 4/08/08	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		Filing Fee is \$61.25 Due by May 1, 2008	
Filing Fee is \$61.25 Due by May 1, 2008		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: HIRSHBERG, ROBIN STREET ADDRESS: 1574 GLEN CT. CITY-ST-ZIP: DUNEDIN, FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: HOLZMAN, MICHAEL STREET ADDRESS: 1582 HEATHER CT CITY-ST-ZIP: DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: WINDER, SIDNEY STREET ADDRESS: 1595 AMBERLEA DR S CITY-ST-ZIP: DUNEDIN, FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GRESS, BETTY STREET ADDRESS: 1584 HEATHER CT CITY-ST-ZIP: DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE: VP NAME: Gress, Betty STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: DONLOW, VIRGINIA STREET ADDRESS: 1588 GLEN CT. CITY-ST-ZIP: DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: D NAME: Zodrow, Carol STREET ADDRESS: 1603 Amberlea Dr. S. CITY-ST-ZIP: Dunedin, FL 34699	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 like empowered.			
SIGNATURE: 		DATE: 4/8/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: (727) 723-1116	

40067532



02042008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1689312 Applied For Not Applicable

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

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/8/08

Daytime Phone #: (727) 723-1116