

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**MAY - 1 AM 8:55**

**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northon  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 758627 (4)**  
 1. Corporation Name  
**PIPER'S BAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**2801 TIMBER KNOLL DR C/O MRS. OBERLE VALRICO FL 33594**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/03/1981** 3a. Date of Last Report **05/01/1994**  
 4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
 8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent  
**OBERLE, ELLEN MRS.  
 2801 TIMBER KNOLL DR  
 VALRICO FL 33594**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Mrs. Ellen Oberle 4/24/95  
(Signature) (Typed or printed name of registered agent and title) (Date)

12. OFFICERS AND DIRECTORS	
TITLE	<b>STD</b>
NAME	<b>OBERLE, ELLEN MRS.</b>
STREET ADDRESS	<b>2801 TIMBER KNOLL DR</b>
CITY ST ZIP	<b>VALRICO FL</b>
TITLE	<b>D</b>
NAME	<b>COUCH, CATHARINE</b>
STREET ADDRESS	<b>14148 JOSEPHINE RD.</b>
CITY ST ZIP	<b>LARGO FL</b>
TITLE	<b>D</b>
NAME	<b>SEFCIK, JEFF</b>
STREET ADDRESS	<b>502 E. WINDHURST</b>
CITY ST ZIP	<b>BRANDON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mrs. Ellen Oberle 4/24/95 6847348  
(Signature) (Typed or printed name of signing officer or director) (Date) (Signature #)