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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 2801 TIMBER KNOLL DR  
C/O MRS. OBERLE C/O MRS. OBERLE  
VALRICO FL 33594 VALRICO FL 33594-5665

3. Date Incorporated or Qualified 06/03/1981  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address  
21 3401 E. Lampp Rd 26 3401 E. Lampp Rd  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 c/o Mrs. Oberle 27 Plant City Mrs. Ellen Oberle  
City & State City & State  
23 Plant City, FL 28 Plant City FL  
Zip Country Zip Country  
24 33565 Hills 25 29 33565 Hills 30

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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
OBERLE, ELLEN MRS.  
2801 TIMBER KNOLL DR  
VALRICO FL 33594  
3401 E. Lampp Rd.  
Plant City, FL 33565

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Ellen Oberle DATE 1/6/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	STD	<input type="checkbox"/>
NAME	OBERLE, ELLEN MRS.	
STREET ADDRESS	2801 TIMBER KNOLL DR	
CITY - ST - ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/>
NAME	LOKUCKEK, BUD	
STREET ADDRESS	19843 GULF BLVD. #2	
CITY - ST - ZIP	INDIAN FL	
TITLE	D	<input type="checkbox"/>
NAME	BALL, FRED	
STREET ADDRESS	19843 GULF BLVD. #3	
CITY - ST - ZIP	INDIAN SHORES FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Oberle, Ellen Mrs.		
1.3 STREET ADDRESS	3401 E. Lampp Rd.		
1.4 CITY - ST - ZIP	Plant City, FL 33565		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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 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: Ellen Oberle DATE 1/6/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0048658

CR2E037 (9/96)