

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90282 011 \*\*\*\*61.25

**DOCUMENT # 758627**

1. Entity Name

**PIPER'S BAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3401 E. LAMPP RD.  
 C/O MRS. OBERLE  
 PLANT CITY FL 33565  
 US

3401 E. LAMPP RD.  
 C/O MRS. ELLEN OBERLE  
 PLANT CITY FL 33565-2637  
 US

**843380**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OBERLE, ELLEN MRS.**  
**3401 E LAMPP RD**  
**PLANT CITY FL 33565**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>OBERLE, ELLEN MRS.</b>	
STREET ADDRESS	<b>3401 E. LAMPP RD.</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOKUCKEK, BUD</b>	
STREET ADDRESS	<b>19843 GULF BLVD. #2</b>	
CITY-ST-ZIP	<b>INDIAN FL.</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BALL, FRED</b>	
STREET ADDRESS	<b>19843 GULF BLVD. #3</b>	
CITY-ST-ZIP	<b>INDIAN SHORES FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>Robert Holley</b>	
STREET ADDRESS	<b>4345 Thomas Hood Lane E.</b>	
CITY-ST-ZIP	<b>Winter Haven, Fl. 33880</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>VID</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert Holley</b>	
STREET ADDRESS	<b>4345 Thomas Hood Lane E.</b>	
CITY-ST-ZIP	<b>Winter Haven, Fl. 33880</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Paul Lakemon</b>	
STREET ADDRESS	<b>1033 Westview Terrace</b>	
CITY-ST-ZIP	<b>Dover, DEL 19901</b>	
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		

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 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:**

*Ellen Oberle* **ROBERTED**

**4/20/00**

**813-754-1050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25097 (9/00)