


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

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 758627 1. Entity Name PIPER'S BAY CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3401 E. LAMPP RD. C/O MRS. OBERLE PLANT CITY, FL 33565 US	Mailing Address 3401 E. LAMPP RD. C/O MRS. ELLEN OBERLE PLANT CITY, FL 33565 US
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01172007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OBERLE, ELLEN MRS. 3401 E. LAMPP RD. PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUCKER, MITCH ONE SUFFOLK SQ. SUITE 500 ISLANDIA, NY 11749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STUMPE, JODY 19843 GULF BLVD APT 3 INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINERVA, BILL 126 S. HILLSIDE ACE NESCONSET, NY 11767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000594859
01/23/07-80015-019 61.25

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: *Ellen Oberle* **1/18/07** **813-494-0604**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #