

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90053 011 ****61.25

DOCUMENT # 759028	
1. Entity Name PIER 8 CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 609 8TH ST., SOUTH NAPLES, FL 33940	Mailing Address 745 12TH AVE S. STE AA NAPLES, FL 33940 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

44013240



01202004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2206950	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOORE PROPERTY MANAGEMENT 745 12TH AVE S. SUITE D NAPLES, FL 33940		Name	
		Street Address (P. O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

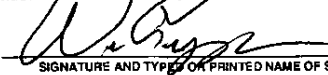
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004	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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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYON, MARY ANN 780 THIRTEENTH AVE SO. NAPLES, FL 34102 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREW, EDIE 780-13th AVE. S. NAPLES, FL 34102 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYON, WAYNE 780 13TH AVE S. NAPLES, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HORD, ROBERT JR. 780 13TH AVE S NAPLES, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  2/17/04 292625051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #