

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762405

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** PIPER'S LANDING GARDEN APARTMENTS, AREA THREE, CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4660-B SW PARKGATE BLVD  
PALM CITY, FL 349901406

**New Principal Place of Business:**

**Current Mailing Address:**

4660-B SW PARKGATE BLVD  
PALM CITY, FL 349901406

**New Mailing Address:**

FEI Number: 59-2262414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KUNDAHL, GRETCHEN V  
4660-B SW PARKGATE BLVD  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: KUNDAHL, GRETCHEN V  
Address: 4660-B PARKGATE BLVD  
City-St-Zip: PALM CITY, FL 34990

Title: VP  
Name: KELLER, SUZANNE  
Address: 4680-H SW PARKGATE BLVD  
City-St-Zip: PALM CITY, FL 34990

Title: SEC  
Name: KRAUS, MARILYN  
Address: 4660-A PARKGATE BLVD  
City-St-Zip: PALM CITY, FL 34990

Title: DIR  
Name: MATTS, JAMES  
Address: 4660-F SW PARKGATE BLVD  
City-St-Zip: PALM CITY, FL 34990

Title: TRES  
Name: PELLETIER, NORMAN  
Address: 4680E SW PARKGATE BLVD  
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GRETCHEN KUNDAHL

PRES

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date