

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90228 019 ****61.25

DOCUMENT # 763510					
1. Entity Name PIPER'S LANDING GARDEN APARTMENTS, AREA NINE, CONDOMINIUM, INC.					
Principal Place of Business 6160 THISTLE TERRACE PALM CITY, FL 34990			Mailing Address 6160 THISTLE TERRACE PALM CITY, FL 34990		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2264962	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOYLE, THOMAS A 6160 SW THISTLE TERRACE PALM CITY, FL 34990				Name SARLO, DENNIS Street Address (P.O. Box Number is Not Acceptable) 4081-D SW PARKGATE BLVD City PALM CITY FL Zip Code 34990	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME BOYLE, THOMAS A STREET ADDRESS 6160 SW THISTLE TERRACE CITY-ST-ZIP PALM CITY, FL 34990	☒ Delete		TITLE P NAME SARLO, DENNIS STREET ADDRESS 4081-D SW PARKGATE BLVD CITY-ST-ZIP PALM CITY, FL 34990	☐ Change ☒ Addition	
TITLE STD NAME ALLEN, EARL W STREET ADDRESS 6160 SW THISTLE TERRACE CITY-ST-ZIP PALM CITY, FL 34990	☐ Delete			☐ Change ☐ Addition	
TITLE VD NAME O'NEIL, JOHN STREET ADDRESS 6160 SW THISTLE TERRACE CITY-ST-ZIP PALM CITY, FL 34990	☒ Delete		TITLE VP NAME BABBY, ROGER STREET ADDRESS 4081-A SW PARKGATE BLVD CITY-ST-ZIP PALM CITY, FL 34990	☐ 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)(l), 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: <i>Dennis A. Sarlo</i>			4/21/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #					