

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90049 043 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770536**

1. Corporation Name  
**PIPERS WAITE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 2055 WOOD ST.,STE.202 SARASOTA FL 34237-7945	Mailing Address 2055 WOOD ST.,STE.202 SARASOTA FL 34237-7945
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified <b>09/30/1983</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2344285</b>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**PROPERTY & ACCOUNTING MGMT.INC.**  
**2055 WOOD ST.,STE.202**  
**SARASOTA FL 33577**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NO: E: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	NAVE, WILLIAM	
STREET ADDRESS	5605 PIPERS WAITE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RORABECK, JAMES	
STREET ADDRESS	5633 PIPERS WAITE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PALAZZO, DOMINIC	
STREET ADDRESS	5682 PIPERS WAITE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARSON, EDWIN	
STREET ADDRESS	5685 PIPERS WAITE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	WILLIE WILLOW	
STREET ADDRESS	5683 PIPERS WAITE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Elise Angelora	
1.3 STREET ADDRESS	5675 Pipers Waite	
1.4 CITY-ST-ZIP	Sarasota FL 34235	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dick Archer Waite	
2.3 STREET ADDRESS	5676 Pipers Waite	
2.4 CITY-ST-ZIP	Sarasota FL 34235	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Willy Willow	
5.3 STREET ADDRESS	5683 Pipers Waite	
5.4 CITY-ST-ZIP	Sarasota FL 34235	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Willie Willow **SIGNATURE REQUIRED**

Date: 4/21/99

Daytime Phone # \_\_\_\_\_

CR2E037 (11/98)