

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770536

1. Entity Name

PIPERS WAITE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90172 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2055 WOOD ST.,STE.202  
 SARASOTA FL 34237-7945

2055 WOOD ST.,STE.202  
 SARASOTA FL 34237-7929

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2344285

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input type="checkbox"/> Delete
NAME	ARCHER, DICK	
STREET ADDRESS	5676 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	PTD	<input type="checkbox"/> Delete
NAME	WILLIE WILLOW	
STREET ADDRESS	5683 PIPERS WAITE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANGELO, ELISE	
STREET ADDRESS	5675 PIPERS WAITE	
CITY-ST-ZIP	SARASOTA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stutman, Herbert	
STREET ADDRESS	5680 Pipers Waite	
CITY-ST-ZIP	Sarasota, FL 34235	

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: Willie Willow **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/5/00

Daytime Phone #

CR2E037 (9/99)