

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90014 028 \*\*\*\*61.25

<b>DOCUMENT # 770536</b>					
1. Entity Name <b>PIPERS WAITE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4983 RINGWOOD MEADOW SARASOTA FL 34235</b>			Mailing Address <b>4983 RINGWOOD MEADOW SARASOTA FL 34235</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2344285</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PAMI MANAGEMENT, INC 4983 RINGWOOD MEADOW SARASOTA FL 34235</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENDON, JOSH		NAME		
STREET ADDRESS	5686 PIPERS WAITE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34235		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALAZZO, DOMINIC		NAME		
STREET ADDRESS	5682 PIPERS WAITE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34235		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARCHER, DICK		NAME		
STREET ADDRESS	5676 PIPERS WAITE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARSON, EDWIN		NAME		
STREET ADDRESS	5685 PIPERS WAITE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIE WILLOW		NAME		
STREET ADDRESS	5683 PIPERS WAITE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STUTMAN, HERBERT		NAME		
STREET ADDRESS	5680 PIPERS WAITE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34235		CITY-ST-ZIP		



MOORE CR2E037 (11/03)

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 **5/13/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #