

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90225 013 ****61.25



DOCUMENT # 770536				1. Entity Name PIPERS WAITE CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235			Mailing Address 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PAMI MANAGEMENT, INC 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	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	WILLOW, WILLY	NAME			
STREET ADDRESS	5683 PIPERS WAITE	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL	CITY-ST-ZIP			
TITLE	DV <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STUTMAN, HERBERT	NAME	DIRECTOR		
STREET ADDRESS	5680 PIPERS WAITE	STREET ADDRESS	ROBERT MANGHILLIS		
CITY-ST-ZIP	SARASOTA, FL 34235	CITY-ST-ZIP	5625 PIPERS WAITE		
			SARASOTA, FL 34235		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Willy Willow</u> <u>Willy Willow</u> <u>4/28/08</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



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4. FEI Number 59-2344285 Applied For Not Applicable