

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

005/511

05-07-2003 90164 017 \*\*\*\*61.25

**DOCUMENT # 770536**

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



Principal Place of Business      Mailing Address  
**4983 RINGWOOD MEADOW**      **4983 RINGWOOD MEADOW**  
**SARASOTA FL 34235**      **SARASOTA FL 34235**

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 **59-2344285**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**PAMI MANAGEMENT, INC**  
**4983 RINGWOOD MEADOW**  
**SARASOTA FL 34235**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NAVE, WILLIAM</b>	
STREET ADDRESS	<b>5605 PIPERS WAITE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PALAZZO, DOMINIC</b>	
STREET ADDRESS	<b>5682 PIPERS WAITE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ARCHER, DICK</b>	
STREET ADDRESS	<b>5676 PIPERS WAITE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARSON, EDWIN</b>	
STREET ADDRESS	<b>5685 PIPERS WAITE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIE WILLOW</b>	
STREET ADDRESS	<b>5683 PIPERS WAITE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>STUTMAN, HERBERT</b>	
STREET ADDRESS	<b>5680 PIPERS WAITE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Hendon, Josh</b>	
STREET ADDRESS	<b>5686 Pipers Waite</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34235</b>	
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		

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:  **4/15/03**

CR2E037 (10/02)