2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# N04000011940

Entity Name: PIPER'S CAY ASSOCIATION, INC.

Current Principal Place of Business:

WELLINGTON MANAGEMENT
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

WELLINGTON MANAGEMENT
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 02-0704162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWSOME, JOHN
WELLINGTON MANAGEMENT, INC
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BRUNSMAN, KAREN
Address: 983 PIPERO CAY DR
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VD ( ) Delete
Name: SOSA, ORLANDO
Address: 901 PIPERS CAY DR
City-St-Zip: WEST PALM BEACH, FL 33415

Title: STD ( ) Delete
Name: SMITH, LIONEL
Address: 825 PIPERS CAY DR
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D (X) Delete
Name: SERRICK, THOMAS
Address: 918 PIPERS CAY DR
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D (X) Delete
Name: TADDED, LIINDA
Address: 820 PIPERS CAY DR
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SOSA, ORLANDO
Address: 901 PIPERS CAY DR
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VD (X) Change ( ) Addition
Name: SERRICK, THOMAS
Address: 836 PIPERS CAY DR
City-St-Zip: WEST PALM BEACH, FL 33415

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIONEL SMITH STD 03/05/2009
Electronic Signature of Signing Officer or Director — Date