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Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758627 (4)

1. Corporation Name

PIPER'S BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2801 TIMBER KNOLL DR
C/O MRS. OBERLE
VALRICO FL 335942801 TIMBER KNOLL DR
C/O MRS. OBERLE
VALRICO FL 33594-56853. Date Incorporated or Qualified
06/03/19813a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 3401 E. Lampp Rd

26 3401 E. Lampp Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 C/o Mrs. Oberle

27 Plant City Mrs. Ellen Oberle

City & State

City & State

23 Plant City, FL

28 Plant City FL

Zip

Country

Zip

Country

24 33565 25 Hills

29 33565 30 Hills

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OBERLE, ELLEN MRS.
2801 TIMBER KNOLL DR
VALRICO FL 335943401 E. Lampp Rd.
Plant City, FL 33565

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Ellen Oberle

1/6/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD ☐ DELETE
NAME OBERLE, ELLEN MRS.
STREET ADDRESS 2801 TIMBER KNOLL DR
CITY - ST - ZIP VALRICO FL1.1 TITLE STD ☒ Change ☐ Addition
1.2 NAME Oberle, Ellen Mrs.
1.3 STREET ADDRESS 3401 E. Lampp Rd.
1.4 CITY - ST - ZIP Plant City, FL 33565TITLE D ☐ DELETE
NAME LOKUCKEK, BUD
STREET ADDRESS 19843 GULF BLVD. #2
CITY - ST - ZIP INDIAN FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME BALL, FRED
STREET ADDRESS 19843 GULF BLVD. #3
CITY - ST - ZIP INDIAN SHORES FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ellen Oberle

1/6/97

Date

Daytime Phone # 0048658

CR2E037 (9/96)