

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90030 048 ****61.25

DOCUMENT # 758627					
1. Entity Name PIPER'S BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3401 E. LAMPP RD. C/O MRS. OBERLE PLANT CITY, FL 33565 US			Mailing Address 3401 E. LAMPP RD. C/O MRS. ELLEN OBERLE PLANT CITY, FL 33565 US		
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 NOT APPLICABLE	
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		
OBERLE, ELLEN MRS. 3401 E LAMPP RD PLANT CITY, FL 33565			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)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE STD	NAME OBERLE, ELLEN MRS.	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3401 E. LAMPP RD.	CITY-ST-ZIP PLANT CITY, FL		NAME	STREET ADDRESS Mitch Drucker One Suffolk Sq. Suite 500 Islandia, NY 11749	
TITLE D	NAME CLENDANIEL, BILL	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6810 S SHERIDAN ROAD	CITY-ST-ZIP TAMPA, FL 33611		NAME	STREET ADDRESS Bill Minerva 126 S. Hillside Ave Nesconset, NY 11767	
TITLE VP	NAME STUMPE, JODY	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 19843 GULF BLVD APT 3	CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785		NAME	STREET ADDRESS	
TITLE D	NAME LAKEMON, PAUL	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1033 WESTVIEW TERRACE	CITY-ST-ZIP DOVER, DE 19901		NAME	STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information furnished is true and correct to the best of my knowledge and belief.					
Ellen Oberle 2/10/05 813-7541050					

50017633



01202005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
STD
NAME
OBERLE, ELLEN MRS.
STREET ADDRESS
3401 E. LAMPP RD.
CITY-ST-ZIP
PLANT CITY, FL

☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
6810 S SHERIDAN ROAD
CITY-ST-ZIP
TAMPA, FL 33611

☒ Delete
TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
VP
NAME
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STREET ADDRESS
19843 GULF BLVD APT 3
CITY-ST-ZIP
INDIAN ROCKS BEACH, FL 33785

☐ Delete
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12. I hereby certify that the information furnished is true and correct to the best of my knowledge and belief.

Ellen Oberle 2/10/05 813-7541050