

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 759794**

1. Entity Name  
**PIER HOUSE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**20019 GULF BLVD  
INDIAN SHORES, FL 33785 US**

Mailing Address

**P. O. BOX 391  
INDIAN ROCKS BEACH, FL 33785 US**



01222007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2320737**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PACINI, JOHN A  
20019 GULF BOULEVARD  
SUITE 10  
INDIAN SHORES, FL 33785**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PACINI, JOHN A 20019 GULF BLVD., #10 INDIAN SHORES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ZIDE, LAURIE A 20019 GULF BLVD #8 INDIAN SHORES, FL 33785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD EVANS, ALTON 20019 GULF BLVD. #1 INDIAN SHORES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/16/07-80028-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Alton Evans* **ALTON EVANS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/07 727 560 7903**  
Date Daytime Phone #