

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011940

FILED  
Mar 05, 2009  
Secretary of State

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