

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759794

**FILED**  
**Feb 12, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

20019 GULF BLVD  
INDIAN SHORES, FL 33785 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2320737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PACINI, JOHN A  
20019 GULF BOULEVARD  
SUITE 10  
INDIAN SHORES, FL 33785 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  
Name: PACINI, JOHN A  
Address: 20019 GULF BLVD., #10  
City-St-Zip: INDIAN SHORES, FL 33785

Title: VSD  
Name: ZIDE, LAURIE A  
Address: 20019 GULF BLVD #8  
City-St-Zip: INDIAN SHORES, FL 33785

Title: TD  
Name: EVANS, ALTON  
Address: 20019 GULF BLVD. #1  
City-St-Zip: INDIAN SHORES, FL 33785

I hereby 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 all other like empowered.

SIGNATURE: ALTON L EVANS

TREA

02/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date