

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770536

FILED
Apr 30, 2018
Secretary of State
CC9451172481

Entity Name: PIPERS WAITE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9040 TOWN CENTER PKWY
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

9040 TOWN CENTER PKWY
LAKEWOOD RANCH, FL 34202

FEI Number: 59-2344285

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLURE PROPERTY MANAGEMENT, INC.
9040 TOWN CENTER PKWY
LAKEWOOD RANCH, FL 34202 US

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

Officer/Director Detail :

Title SECRETARY
Name WADDILOVE , DAVID
Address C/O ALLURE PROPERTY
MANAGEMENT
9040 TOWN CENTER PKWY.
City-State-Zip: LAKEWOOD RANCH FL 34202

Title TREASURER
Name MANGHILLIS, EILEEN
Address C/O ALLURE PROPERTY
MANAGEMENT
9040 TOWN CENTER PKWY.
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name BABINEAU, MELANIE
Address C/O ALLURE PROPERTY
MANAGEMENT
9040 TOWN CENTER PKWY.
City-State-Zip: LAKEWOOD RANCH FL 34202

Title VP
Name DELAND, JANE
Address C/O ALLURE PROPERTY
MANAGEMENT
9040 TOWN CENTER PKWY.
City-State-Zip: LAKEWOOD RANCH FL 34202

Title PRESIDENT
Name HALLERDIN, KINGSLEY
Address C/O ALLURE PROPERTY
MANAGEMENT
9040 TOWN CENTER PKWY.
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name YELENSKY, PAUL
Address C/O ALLURE PROPERTY
MANAGEMENT
9040 TOWN CENTER PKWY.
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name SWARTZBAUGH, TED
Address C/O ALLURE PROPERTY
MANAGEMENT
9040 TOWN CENTER PKWY.
City-State-Zip: LAKEWOOD RANCH FL 34202

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: KINGSLEY HALLERDIN

PRES

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date