## **2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 770536** 

Entity Name: PIPERS WAITE CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 06, 2022
Secretary of State
5434457495CC

## **Current Principal Place of Business:**

2201 CANTU CT SUITE 106

SARASOTA, FL 34232

## **Current Mailing Address:**

C/O GULF COAST COMMUNITY MANAGEMENT 2201 CANTU CT SUITE 106 SARASOTA, FL 34232 US

FEI Number: 59-2344285 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GULF COAST COMMUNITY MANAGEMENT, LLC 2201 CANTU CT SUITE 106

SARASOTA, FL 34232 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: WILLIAM ASHBY 04/06/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP Title TREASURER

Name MORENO, MARTHA Name MANGHILLIS, EILEEN

Address C/O GULF COAST COMMUNITY Address C/O GULF COAST COMMUNITY

MANAGEMENT MANAGEMENT

2201 CANTU CT SUITE 106 2201 CANTU CT SUITE 106

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

 Title
 DIRECTOR
 Title
 PRESIDENT

 Name
 BABINEAU, MELANIE
 Name
 DELAND, JANE

Address C/O GULF COAST COMMUNITY Address C/O GULF COAST COMMUNITY

MANAGEMENT MANAGEMENT

2201 CANTU CT SUITE 106 2201 CANTU CT SUITE 106 2201 CANTU CT SUITE 106 City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

Title SECRETARY Title DIRECTOR

Name WISNIEWSKI, BOB Name YELENSKY, PAUL

Address C/O GULF COAST COMMUNITY Address C/O GULF COAST COMMUNITY

MANAGEMENT Address 6/0 GGET GOAGT GOMIN

2201 CANTU CT SUITE 106 2201 CANTU CT SUITE 106

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

 Title
 DIRECTOR
 Title
 ASST. SECRETARY

 Name
 TOWNLEY, JIM
 Name
 ASHBY, WILLIAM

Address C/O GULF COAST COMMUNITY Address C/O GULF COAST COMMUNITY

MANAGEMENT MANAGEMENT

2201 CANTU CT SUITE 106 2201 CANTU CT SUITE 106

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

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: WILLIAM ASHBY REGISTERED AGENT 04/06/2022