

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770536

FILED
Jun 04, 2020
Secretary of State
1226477035CC

Entity Name: PIPERS WAITE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O GULF COAST COMMUNITY MANAGEMENT
9040 TOWN CENTER PARKWAY SUITE200
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

C/O GULF COAST COMMUNITY MANAGEMENT
9040 TOWN CENTER PARKWAY SUITE200
LAKEWOOD RANCH, FL 34202 US

FEI Number: 59-2344285

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GULF COAST COMMUNITY MANAGEMENT
C/O GULF COAST COMMUNITY MANAGEMENT
9040 TOWN CENTER PARKWAY SUITE200
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: WILLIAM ASHBY

06/04/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name FELDMAN , SAUL
Address C/O GULF COAST COMMUNITY
MANAGEMENT
9040 TOWN CENTER PARKWAY SUITE
200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title TREASURER
Name MANGHILLIS, EILEEN
Address C/O GULF COAST COMMUNITY
MANAGEMENT
9040 TOWN CENTER PARKWAY SUITE
200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name BABINEAU, MELANIE
Address C/O GULF COAST COMMUNITY
MANAGEMENT
9040 TOWN CENTER PARKWAY SUITE
200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title VP
Name DELAND, JANE
Address C/O GULF COAST COMMUNITY
MANAGEMENT
9040 TOWN CENTER PARKWAY SUITE
200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title PRESIDENT
Name HALLERDIN, KINGSLEY
Address C/O GULF COAST COMMUNITY
MANAGEMENT
9040 TOWN CENTER PARKWAY SUITE
200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name YELENSKY, PAUL
Address C/O GULF COAST COMMUNITY
MANAGEMENT
9040 TOWN CENTER PARKWAY SUITE
200
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR
Name TOWNLEY, JIM
Address C/O GULF COAST COMMUNITY
MANAGEMENT
9040 TOWN CENTER PARKWAY SUITE
200
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 seal, in the presence of witnesses, by the corporation, its 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

PRESIDENT

06/04/2020

Electronic Signature of Signing Officer/Director Detail

Date