


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90091 025 ****70.00

DOCUMENT # 727016 1. Entity Name PIPERS TEN CONDOMINIUM ASSOCIATION, INC.																																																																																																																													
Principal Place of Business C/O COMMUNITY ACCTG & MGMT 40347 US 19 N STE 129 TARPON SPRINGS, FL 34689-841 US			Mailing Address C/O COMMUNITY ACCTG & MGMT 40347 US 19 N STE 129 TARPON SPRINGS, FL 34689-841 US																																																																																																																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																											
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2140546 Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03082007 Chg-NP CR2E037 (12/06)																																																																																																																									
6. Name and Address of Current Registered Agent SPOONSTER, JANET K C/O COMMUNITY ACCOUNTING & MANAGEMENT INC 4037 US 19 N SUITE 129 TARPON SPRINGS, FL 34689				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																									
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																													
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">VD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DEICHMAN, GREG</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>155 CARLYUE DR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PALM HARBOR, FL 34683</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ARMAGOST, SUE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1854 JENNIFER ST</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MADISON, WI 53704</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ELWOOD, HOWARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4235 S. PAULA DR. #104</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>DUNEDIN, FL 34698</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DT</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOYD, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>423 S. PAULA DR. #302</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>DUNEDIN, FL 34698</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DS</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BARNARD, PATRICIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>423 S. PAULA DR. #203</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>DUNEDIN, FL 34698</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	VD	<input type="checkbox"/> Delete	NAME	DEICHMAN, GREG		STREET ADDRESS	155 CARLYUE DR		CITY- ST- ZIP	PALM HARBOR, FL 34683		TITLE	D	<input type="checkbox"/> Delete	NAME	ARMAGOST, SUE		STREET ADDRESS	1854 JENNIFER ST		CITY- ST- ZIP	MADISON, WI 53704		TITLE	DP	<input type="checkbox"/> Delete	NAME	ELWOOD, HOWARD		STREET ADDRESS	4235 S. PAULA DR. #104		CITY- ST- ZIP	DUNEDIN, FL 34698		TITLE	DT	<input type="checkbox"/> Delete	NAME	BOYD, ROBERT		STREET ADDRESS	423 S. PAULA DR. #302		CITY- ST- ZIP	DUNEDIN, FL 34698		TITLE	DS	<input type="checkbox"/> Delete	NAME	BARNARD, PATRICIA		STREET ADDRESS	423 S. PAULA DR. #203		CITY- ST- ZIP	DUNEDIN, FL 34698		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																													
SIGNATURE: <u>Howard Elwood</u> <u>3/25/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													

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