## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #727016**

SIGNATURE: 2

1. Entity Name PIPERS TEN CONDOMINIUM ASSOCIATION, INC.



FILED Mar 28, 2008 8:00 am Secretary of State

Daytime Phone #

03-28-2008 90025 046 \*\*\*\*70.00

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				.	Kan isen eero keid 6			HEI EI IEEL
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01072008	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State				4. FEI Numbe 59-2140	546		<del></del>	plied For t Applicable
Zip	Country	Zip	)	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registere	d'Agent "			7. Name and	Address of New	Registered /	lgent	
SPOONSTER, JANET K					me					
C/O COMMUNITY ACCOUNTING & MAN. 4037 US-19 N SUITE 129		NAGEMI	EMENT INC Stree		dress (P.O. Box Number is Not Acceptable)					
TARPON SPRINGS, FL 34689										
			City					FL	Zip Code	•
	named entity submits this statement for	or the purp	ose of changing its re	gistered office o	r register	ed agent, or bott	n, in the State of F	lorida. I am	familiar with,	and accept
the obligat	ions of registered agent.									
SIGNATURE .										
	Signature, typed or printed name of registered agent	and title if app	licable. (NOTE: R	egistered Agent signal	ure required	when reinstating).		DATE		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.							
	•	Ī	•			\$5.00 May Be Added to Fees	, ,		c payable to tment of St	
10.	•	RECTORS	•			Added to Fees	Flo	rida Depar	tment of St	ate
10.	Due by May 1, 2008	RECTORS	•	ntribution.		Added to Fees	, ,	rida Depar	tment of St	ate
TITLE NAME	OFFICERS AND DI VD DEICHMAN, GREG	RECTORS	Trust Fund Cor	11. TITLE NAME		Added to Fees	Flo	rida Depar	tment of St	10
TITLE NAME STREET ADDRESS	OFFICERS AND DI VD DEICHMAN, GREG 155 CARLYUE DR	RECTORS	Trust Fund Cor	11. TITLE NAME STREET ADDRESS		Added to Fees	Flo	rida Depar	tment of St	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI VD DEICHMAN, GREG	RECTORS	Trust Fund Cor	11. ITILE NAME STREET ADDRESS CITY-ST-ZIP		Added to Fees	Flo	rida Depar	tment of St RECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS	Due by May 1, 2008  OFFICERS AND DI  VD  DEICHMAN, GREG  155 CARLYUE DR  PALM HARBOR, FL 34683  D  ARMAGOST, SUE	RECTORS	Trust Fund Cor	11. TITLE NAME STREET ADDRESS		Added to Fees	Flo	rida Depar	tment of St	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008  OFFICERS AND DI  VD DEICHMAN, GREG 155 CARLYUE DR PALM HARBOR, FL 34683  D ARMAGOST, SUE 1854 JENNIFER ST	RECTORS	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Added to Fees	Flo	rida Depar	tment of St RECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI  VD DEICHMAN, GREG 155 CARLYUE DR PALM HARBOR, FL 34683 D ARMAGOST, SUE 1854 JENNIFER ST MADISON, WI 53704	RECTORS	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Added to Fees	Flo	rida Depar	tment of St RECTORS IN Change	10 Addition
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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.