2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2010
Secretary of State

DOCUMENT# 727016

Entity Name: PIPERS TEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O COMMUNITY ACCTG & MGMT
40347 US 19 N STE 129
TARPON SPRINGS, FL 34689841 US

New Principal Place of Business:

C/O ASSOCIATION ACCTG & MGMT
40347 US 19 N STE 129
TARPON SPRINGS, FL 34689841 US

Current Mailing Address:

C/O COMMUNITY ACCTG & MGMT
40347 US 19 N STE 129
TARPON SPRINGS, FL 34689841 US

New Mailing Address:

C/O ASSOCIATION ACCTG & MGMT
40347 US 19 N STE 129
TARPON SPRINGS, FL 34689841 US

FEI Number: 59-2140546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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 US

Name and Address of New Registered Agent:

STAFFORD, BRUCE R
ASSOCIATION ACCOUNTING & MANAGEMENT INC
4037 US 19 N SUITE 129
TARPON SPRINGS, FL 34689 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: BRUCE R. STAFFORD 04/20/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: GARDNER, PAM
Address: 423 S PAULA DR. # 205
City-St-Zip: PALM HARBOR, FL 34683

Title: PD
Name: ARMAGOST, SUE
Address: 423 S PAULA DR #204
City-St-Zip: DUNEDIN, FL 34698

Title: SD
Name: ELWOOD, CAROL
Address: 423 S PAULA DR, # 102
City-St-Zip: DUNEDIN, FL 34698

Title: D
Name: BOYD, ROBERT
Address: 423 S. PAULA DR, #302
City-St-Zip: DUNEDIN, FL 34698

Title: D
Name: KIMES, O L
Address: 423 S. PAULA DR, #305
City-St-Zip: DUNEDIN, FL 34698

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: BRUCE R. STAFFORD LCAM 04/20/2010
Electronic Signature of Signing Officer or Director Date