

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90014 012 ****61.25

DOCUMENT # 736649

1. Entity Name

PIPERS GLEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O CMC, INC
4175 E BAY DR #205
CLEARWATER FL 33764
US

Mailing Address

C/O CMC, INC
4175 E BAY DR #205
CLEARWATER FL 33764
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1689312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINDER, SIDNEY
1595 AMBERLEA DR S
DUNEDIN FL 34698

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HIRSHBERG, ROBIN
STREET ADDRESS 1574 GLEN CT.
CITY-ST-ZIP DUNEDIN FL

TITLE VPD ☐ Delete
NAME HOLZMAN, MICHAEL
STREET ADDRESS 1582 HEATHER CT
CITY-ST-ZIP DUNEDIN FL 34698

TITLE TD ☐ Delete
NAME WINDER, SIDNEY
STREET ADDRESS 1595 AMBERLEA DR S
CITY-ST-ZIP DUNEDIN FL

TITLE D ☐ Delete
NAME GRESS, BETTY
STREET ADDRESS 1584 HEATHER CT
CITY-ST-ZIP DUNEDIN FL 34698

TITLE SD ☐ Delete
NAME DONLOW, VIRGINIA
STREET ADDRESS 1588 GLEN CT.
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

2/22/06