

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90038 019 \*\*\*\*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

40095935



04272007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

WINDER, SIDNEY  
1595 AMBERLEA DR S  
DUNEDIN, FL 34698

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IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07  
Date

Daytime Phone #