

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736649

FILED
Mar 31, 2009
Secretary of State

Entity Name: PIPERS GLEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

4585 140TH AVE NORTH
SUITE 1012
CLEARWATER, FL 33762 US

Current Mailing Address:

4585 140TH AVE N.
1012
CLEARWATER, FL 33762

New Mailing Address:

4585 140TH AVE NORTH
SUITE 1012
CLEARWATER, FL 33762 US

FEI Number: 59-1689312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.
4585 140TH AVE. NORTH SUITE 1012
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HIRSHBERG, ROBIN
Address: 1574 GLEN CT.
City-St-Zip: DUNEDIN, FL

Title: TD () Delete
Name: WINDER, SIDNEY
Address: 1595 AMBERLEA DR S
City-St-Zip: DUNEDIN, FL

Title: VP () Delete
Name: GRESS, BETTY
Address: 1584 HEATHER CT
City-St-Zip: DUNEDIN, FL 34698

Title: SD () Delete
Name: DONLOW, VIRGINIA
Address: 1588 GLEN CT.
City-St-Zip: DUNEDIN, FL 34698

Title: D (X) Delete
Name: ZODROW, CAROL
Address: 1603 AMBERLEA DR. S.
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRESS, BETTY
Address: 1584 HEATHER CT
City-St-Zip: DUNEDIN, FL 34698

Title: VP (X) Change () Addition
Name: BLOSS, MARLENE
Address: 1295 OVERCASH DR
City-St-Zip: DUNEDIN, FL 34698

Title: S (X) Change () Addition
Name: DONLON, VIRGINIA
Address: 1588 GLEN CT
City-St-Zip: DUNEDIN, FL 34698

Title: D (X) Change () Addition
Name: LIEBMAN, SUSAN
Address: 1596 GLEN CT
City-St-Zip: DUNEDIN, FL 34698

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARLENE BLOSS

VP

03/31/2009

Electronic Signature of Signing Officer or Director

Date