


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 736650</b>	
1. Entity Name <b>PIPERS GLEN HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>1598 AMBERLEA DR S DUNEDIN FL 34698 US</b>	Mailing Address <b>PIPERS GLEN HOMEOWNERS ASSOCIATION, P.O BOX 1552 DUNEDIN FL 34697-1552 US</b>
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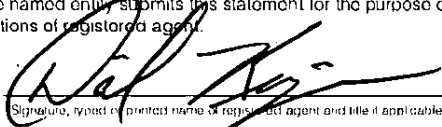
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-2013962</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>KINZER, DAN 1390 GREENWOOD DR DUNEDIN FL 34698</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 	DATE <b>3/12/07</b>

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> Delete
NAME	<b>KINZER, DAN</b>
STREET ADDRESS	<b>1390 GREENWOOD DR</b>
CITY-STATE-ZIP	<b>DUNEDIN FL 34698</b>
TITLE	S <input type="checkbox"/> Delete
NAME	<b>LOCKARD, DIANA</b>
STREET ADDRESS	<b>1564 AMBERLEN DR A</b>
CITY-STATE-ZIP	<b>DUNEDIN FL 34698</b>
TITLE	BM <input type="checkbox"/> Delete
NAME	<b>MARKS, JEFF</b>
STREET ADDRESS	<b>1470 DALE CT</b>
CITY-STATE-ZIP	<b>DUNEDIN FL 34698</b>
TITLE	VPD <input type="checkbox"/> Delete
NAME	<b>CARTER, ELIZABETH</b>
STREET ADDRESS	<b>1589 AMBERLEA DRIVE NORTH</b>
CITY-STATE-ZIP	<b>DUNEDIN FL 34698</b>
TITLE	T <input type="checkbox"/> Delete
NAME	<b>TOWLE, ANDREA</b>
STREET ADDRESS	<b>1370 WILDWOOD CT</b>
CITY-STATE-ZIP	<b>DUNEDIN FL 34698</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>U00000667775</b>
STREET ADDRESS	<b>03/27/07-80002-025 61.25</b>
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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: 	DATE: <b>3/13/07</b>
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