

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745602

FILED  
Feb 27, 2007  
Secretary of State

**Entity Name:** PIPER'S NEST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

809 TARAY DE AVILA  
TAMPA, FL 336131048

**New Principal Place of Business:**

**Current Mailing Address:**

809 TARAY DE AVILA  
TAMPA, FL 336131048

**New Mailing Address:**

**FEI Number:** 59-2580998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTINEZ, JOANNE  
809 TARAY DE AVILA  
TAMPA, FL 33613 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: STD ( ) Delete  
Name: MARTINEZ, JOANNE  
Address: 809 TARAY DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: PD ( ) Delete  
Name: MARTINEZ, ROBERT  
Address: 809 TARAY DE AVITA  
City-St-Zip: TAMPA, FL 33613

Title: VPD ( ) Delete  
Name: CAVENY, PAUL  
Address: 19920 GULF BLVD., #4  
City-St-Zip: INDIAN SHORES, FL 34635

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VPD (X) Change ( ) Addition  
Name: LEVEILLE, MARTHE  
Address: 19920 GULF BLVD., #9  
City-St-Zip: INDIAN SHORES, FL 34635

I hereby certify that the information supplied with this filing does not qualify for the 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: JO ANNE MARTINEZ

OFF

02/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date