2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755945

FILED Feb 26, 2005 Secretary of State

Entity Name: PIPERS III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place	New Principal Place of Business:	
16326 GU	ELTER DAVID LF BLVD # 309 ON BEACH, FL	33708	US			
Current M	Aailing Address	;:		New Mailing Addres	ss:	
	LF BLVD #309 ON BEACH, FL	33708	US			
El Number	: 59-2158787	FEI Num	ber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cu	urrent Re	egistered Agent:	Name and Address	of New Registered Agent:	
16326 GU	ELTER, DAVID ILF BLVD#309 ON BEACH, FL	33708	US			
	e named entity su e of Florida.	ubmits th	is statement for the p	ourpose of changing its register	ed office or registered agent, or both	
SIGNATU	RE:					
	Electronic	o Signatu	re of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Fitle: Name: Address: City-St-Zip:	VP () [LINDARDOS, LIN 20204 GULF BLN INDIAN ROCKS [VD UNIT 4	33785	Title: Name: Address: City-St-Zip:	() Change () Addition	
			_ 33785	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	BURROWS, JOH 20204 GULF BLY INDIAN ROCKS E	BEACH, FL				
Name: Nddress:	20204 GULF BLV INDIAN ROCKS E	Delete BREEZE DF		Title: Name: Address: City-St-Zip:	() Change() Addition	
Name: Address: City-St-Zip: Fitle: Name: Address:	20204 GULF BLV INDIAN ROCKS I PD () I ZITO, MIKE 2803 SHORES B TAMPA, FL 336	Delete BREEZE DF 11 Delete , DAVID VD # 309	R	Name: Address:	() Change () Addition () Change () Addition	
lame: Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address: Jame: Address:	20204 GULF BLY INDIAN ROCKS E PD () [ZITO, MIKE 2803 SHORES B TAMPA, FL 336* TD () [LINGENFELTER, 16326 GULF BLY REDINGTON BEA	Delete BREEZE DF 11 Delete , DAVID VD # 309 ACH, FL 3 Delete , DENISE VD # 309	R 3708	Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID LINGENFELTER TD 02/26/2005