

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90030 048 ****61.25

DOCUMENT # 758627					
1. Entity Name PIPER'S BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3401 E. LAMPP RD. C/O MRS. OBERLE PLANT CITY, FL 33565 US			Mailing Address 3401 E. LAMPP RD. C/O MRS. ELLEN OBERLE PLANT CITY, FL 33565 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OBERLE, ELLEN MRS. 3401 E LAMPP RD PLANT CITY, FL 33565			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE STD	NAME OBERLE, ELLEN MRS.	☐ Delete		TITLE	☐ Change ☐ Addition
STREET ADDRESS 3401 E. LAMPP RD.	CITY-ST-ZIP PLANT CITY, FL		NAME	STREET ADDRESS Mitch Drucker One Suffolk Sq. Suite 500 Islandia, NY 11749	
CITY-ST-ZIP PLANT CITY, FL	TITLE D		☒ Delete		☐ Change ☒ Addition
NAME CLENDANIEL, BILL	STREET ADDRESS 6810 S SHERIDAN ROAD		NAME		STREET ADDRESS 126 S. Hillside Ave Nesconset, NY 11767
CITY-ST-ZIP TAMPA, FL 33611	TITLE VP		☐ Delete		☐ Change ☐ Addition
NAME STUMPE, JODY	STREET ADDRESS 19843 GULF BLVD APT 3		NAME		STREET ADDRESS 126 S. Hillside Ave Nesconset, NY 11767
CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785	TITLE D		☒ Delete		☐ Change ☒ Addition
NAME LAKEMON, PAUL	STREET ADDRESS 1033 WESTVIEW TERRACE		NAME		STREET ADDRESS 126 S. Hillside Ave Nesconset, NY 11767
CITY-ST-ZIP DOVER, DE 19901	TITLE		☐ Delete		☐ Change ☐ Addition
NAME	STREET ADDRESS		NAME		STREET ADDRESS
CITY-ST-ZIP	TITLE		☒ Delete		☐ Change ☐ Addition
NAME	STREET ADDRESS		NAME		STREET ADDRESS
CITY-ST-ZIP	TITLE		☐ Delete		☐ Change ☐ Addition
12. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a director or officer of the corporation.					
Ellen Oberle 2/10/05 813-7541050					

50017633



01202005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2005

9. Election Campaign Financing ☐
Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
STD
NAME
OBERLE, ELLEN MRS.
STREET ADDRESS
3401 E. LAMPP RD.
CITY-ST-ZIP
PLANT CITY, FL

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
D
NAME
CLENDANIEL, BILL
STREET ADDRESS
6810 S SHERIDAN ROAD
CITY-ST-ZIP
TAMPA, FL 33611

☒ Delete
TITLE
NAME
Mitch Drucker
STREET ADDRESS
One Suffolk Sq. Suite 500
CITY-ST-ZIP
Islandia, NY 11749

TITLE
VP
NAME
STUMPE, JODY
STREET ADDRESS
19843 GULF BLVD APT 3
CITY-ST-ZIP
INDIAN ROCKS BEACH, FL 33785

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
D
NAME
LAKEMON, PAUL
STREET ADDRESS
1033 WESTVIEW TERRACE
CITY-ST-ZIP
DOVER, DE 19901

☒ Delete
TITLE
NAME
Bill Minerva
STREET ADDRESS
126 S. Hillside Ave
CITY-ST-ZIP
Nesconset, NY 11767

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Ellen Oberle 2/10/05 813-7541050