

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90090 017 \*\*\*\*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**

**DO NOT WRITE IN THIS SPACE**



02102006 No Chg-NP

CR2E037 (11/05)

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**

**OBERLE, ELLEN MRS.  
3401 E LAMPP RD  
PLANT CITY, FL 33565**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	STD
NAME	OBERLE, ELLEN MRS.
STREET ADDRESS	3401 E. LAMPP RD.
CITY-ST-ZIP	PLANT CITY, FL
TITLE	D
NAME	DRUCKER, MITCH
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
TITLE	D
NAME	MINERVA, BILL
STREET ADDRESS	126 S. HILLSIDE ACE
CITY-ST-ZIP	NESCONSET, NY 11767
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Ellen Oberle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/24/06*

Date

*813-494-0604*

Daytime Phone #