



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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					
							
		01172007 No Chg-NP CR2E037 (4/06)					
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"> 4. FEI Number NOT APPLICABLE </td> <td style="width: 20%; padding: 2px;"> Applied For Not Applicable </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </td> </tr> </table>		4. FEI Number NOT APPLICABLE	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent OBERLE, ELLEN MRS. 3401 E LAMPP RD PLANT CITY, FL 33565							
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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							
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: <i>Ellen Oberle</i>		1/18/07 813-494-0604					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>					

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01/23/07-80015-019 61.25