

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758627

**FILED**  
**Jan 14, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

3401 E. LAMPP RD.  
C/O MRS. OBERLE  
PLANT CITY, FL 33565 US

**New Principal Place of Business:**

**Current Mailing Address:**

3401 E. LAMPP RD.  
C/O MRS. ELLEN OBERLE  
PLANT CITY, FL 33565 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

OBERLE, ELLEN MRS.  
3401 E LAMPP RD  
PLANT CITY, FL 33565 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  
Name: OBERLE, ELLEN MRS.  
Address: 3401 E. LAMPP RD.  
City-St-Zip: PLANT CITY, FL 33565

Title: D  
Name: ZERBE, DOUG  
Address: 20655 LONGLEAF PINE AVE  
City-St-Zip: TAMPA, FL 33647

Title: VP  
Name: STUMPE, JODY  
Address: 19843 GULF BLVD APT 3  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D  
Name: MINERVA, BILL  
Address: 126 S. HILLSIDE ACE  
City-St-Zip: NESCONSET, NY 11767

I hereby 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 all other like empowered.

SIGNATURE: ELLEN OBERLE

STD

01/14/2012

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

\_\_\_\_\_  
Date