


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90172 036 \*\*\*\*61.25

<b>DOCUMENT # 759028</b> 1. Entity Name <b>PIER 8 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>609 8TH ST., SOUTH NAPLES, FL 33940</b>			Mailing Address <b>745 12TH AVE S. STE AA NAPLES, FL 33940 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2206950</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MOORE PROPERTY MANAGEMENT 745 12TH AVE S. SUITE D NAPLES, FL 33940</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYON, MARY ANN		NAME	WAYNE LYON	
STREET ADDRESS	780 THIRTEENTH AVE SO.		STREET ADDRESS	65 LONE PINE	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	Bloomfield Hills, MI 48304	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW, EDIE		NAME		
STREET ADDRESS	780 13TH AVE S.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORD, ROBERT JR.		NAME		
STREET ADDRESS	780 13TH AVE S		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		