

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90184 004 ****61.25

DOCUMENT # 763510

1. Entity Name

PIPER'S LANDING GARDEN APARTMENTS, AREA NINE,
CONDOMINIUM, INC.



Principal Place of Business

6160 THISTLE TERRACE
PALM CITY FL 34990

Mailing Address

6160 THISTLE TERRACE
PALM CITY FL 34990

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2264962

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

DENNIS, SARLO
4081 SW PARKGATE BLVD.
PALM CITY FL 34990

Name Sally Sausman

Street Address (P.O. Box Number is Not Acceptable)
4081-A SW Parkgate Blvd

City Palm City

FL

Zip Code
34990

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	VP	<input checked="" type="checkbox"/> Delete
NAME	SARLO, DENNIS	
STREET ADDRESS	4081-D SW PARKGATE BLVD.	
CITY - ST - ZIP	PALM CITY FL 34990	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, EARL W	
STREET ADDRESS	6160 SW THISTLE TERRACE	
CITY - ST - ZIP	PALM CITY FL 34990	
TITLE	P	<input type="checkbox"/> Delete
NAME	PADULA, ANTHONY	
STREET ADDRESS	4081-A SW PARKGATE BLVD.	
CITY - ST - ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	VICE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Padula, Anthony	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAUSMAN, SALLY	
STREET ADDRESS	4081-A SW PARKGATE BLVD.	
CITY - ST - ZIP	Palm City FL 34990	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SADDLER, JANE	
STREET ADDRESS	4081-F SW PARKGATE BLVD	
CITY - ST - ZIP	Palm City FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:

Anthony Padula, VP ANTHONY PADULA

3/23/07

772-286-1149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #