

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011940

FILED  
Jan 07, 2010  
Secretary of State

Entity Name: PIPER'S CAY ASSOCIATION, INC.

**Current Principal Place of Business:**

WELLINGTON MANAGEMENT  
3461-B FAIRLANE FARMS RD  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

WELLINGTON MANAGEMENT  
3461-B FAIRLANE FARMS RD  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 02-0704162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEWSOME, JOHN  
WELLINGTON MANAGEMENT, INC  
3461-B FAIRLANE FARMS RD  
WELLINGTON, FL 33414 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: PD  
Name: SOSA, ORLANDO  
Address: 901 PIPERS CAY DR  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VD  
Name: SERRICK, THOMAS  
Address: 836 PIPERS CAY DR  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: STD  
Name: SMITH, LIONEL  
Address: 825 PIPERS CAY DR  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D  
Name: GRUSE, DEBRA  
Address: 938 PIPERS CAY DR  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D  
Name: GIBSON, SHANE  
Address: 939 PIPERS CAY DR  
City-St-Zip: WEST PALM BEACH, FL 33415

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: ORLANDO SOSA

PD

01/07/2010

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

\_\_\_\_\_  
Date