

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90010 038 ****61.25

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DOCUMENT # N25975 1. Entity Name PIPER'S GLEN ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 7700 CONGRESS AVE STE 1128 BOCA RATON, FL 33487 US			Mailing Address 7700 CONGRESS AVE STE 1128 BOCA RATON, FL 33487 US		
2. Principal Place of Business -- No P.O. Box # 8694 INDIAN RIVER RUN Suite, Apt. #, etc.		3. Mailing Address 8694 INDIAN RIVER RUN Suite, Apt. #, etc.			
City & State Boynton Beach FL Zip 33437 Country US		City & State Boynton Beach FL Zip 33437 Country US		4. FEI Number 65-0198704	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MGMT SRVS., OF AMERICA 7700 CONGRESS AVE 1128 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Association Management Group Street Address (P.O. Box Numbers Not Acceptable) 8694 Indian River Run City Boynton Beach FL Zip 33437		
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 Marsha Adler 2/20/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LASSITER, KENNITH 6131 HOOK LANE BOYNTON BCH., FL 33437 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, DEBORAH L 6085 GOLF VILLAS DR BOYNTON BCH., FL 33437 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-3 BRISSON Michael 12415 Dogleg Drive Boynton Beach FL 33437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITTENBURG, ROBERT 6007 GOLF VILLAS DR BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-1 Hartford Howell 6228 Golf Villas Drive Boynton Beach FL 33437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD S-VP-2 MARKOWITZ, JUDITH 12403 POGLEG DR. BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-VP Markowitz, Judith 12403 Dogleg Drive Boynton Beach FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WITTENBERG, ROBERT 6007 FULF VILLA DR BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	William O'Brien 12391 Dogleg Drive Boynton Beach FL 33437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					