2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N25975

1. Entity Name
PIPERS GLEN ESTATES HOMEOWNERS ASSOCIATION, INC.

FILED
2008 SEP 15 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8694 INDIAN RIVER RUN BOYNTON BEACH, FL 33437 US	8694 INDIAN RIVER RUN BOYNTON BEACH, FL 33437 US

08042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
ASSOCIATED PROPERTY MGMT	ASSOCIATED PROPERTY MGT
Suite, Apt. #, etc.: 1928 LAKE WORTH Rd.	Suite, Apt. #, etc.: 1928 LAKE WORTH Rd.
City & State: LAKE WORTH, FL	City & State: LAKE WORTH, FL
Zip: 33461 Country: USA	Zip: 33461 Country: USA

4. FEI Number 65-0198704 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ASSOCIATION MANAGEMENT GROUP
8694 INDIAN RIVER RUN
BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent

Name: SACHS, SAX, CAPLAN
Street Address (P.O. Box Number is Not Acceptable): 301 YAMATO Rd., SUITE 4150
City: BOCA RATON FL Zip Code: 33401

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: Louis Caplan
P. Sachs, Sax, Caplan
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 8/28/08

Amended AR is $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZAWADECKI, CAS 6181 HOOK LN BOYNTON BCH., FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP3 BRISSON, MICHAEL 12415 DOGLOG DRIVE BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200136102802 09/13/08--01043--001 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SPALTER, ARNOLD 12371 DIVOT DR BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARKOWITZ, JUDITH 12403 DOGLEG DR BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RINGEL, MARILYNN 6093 SLICE CT BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Judith Markowitz President 8/25/08 561 738-0126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #