

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90354 012 ****61.25

DOCUMENT # N27646

1. Entity Name
PIPERS MEADOW HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
POST OFFICE BOX 322
PALM HARBOR, FL 34682 US

Mailing Address
P. O. BOX BOX 322
PALM HARBOR, FL 34682 US

50040939



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2999410

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DUNCAN, IAN
687 BELTED KINGFISHER DR. N.
PALM HARBOR, FL 34683

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 PD
NAME DUNCAN, IAN ☐ Delete
STREET ADDRESS 687 BELTED KINGFISHER DR.
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE T/D ☒ Change ☐ Addition
NAME DUNCAN, IAN
STREET ADDRESS 687 BELTED KINGFISHER DR. N.
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE TD ☒ Delete
NAME WANDEL, DAVID
STREET ADDRESS 725 HOUSE WREN CIRCLE
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE D ☐ Change ☒ Addition
NAME JOHN EARL MOORHEAD
STREET ADDRESS 798 BELTED KINGFISHER DR. N.
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE SD ☐ Delete
NAME KELTON, NORMAN
STREET ADDRESS 658 HOUSE WREN CIRCLE
CITY-ST-ZIP PALM HARBOR, FL

TITLE V/D ☒ Change ☐ Addition
NAME KELTON, NORMAN
STREET ADDRESS 658 HOUSE WREN CIRCLE
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE D ☐ Delete
NAME CARUSO, LINDA
STREET ADDRESS 613 HOUSE WREN CIR
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE S/D ☐ Change ☒ Addition
NAME KATHRYN M. DRISCOLL
STREET ADDRESS 1822 PIPERS MEADOW DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE D ☒ Delete
NAME DUNCAN, IAN
STREET ADDRESS 687 BELTED KINGFISHER DR
CITY-ST-ZIP PALM HARBOR, FL

TITLE D ☐ Change ☒ Addition
NAME WILLIAM G. KURTZ JR.
STREET ADDRESS 906 WHIPPOORWILL DR
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE D ☐ Delete
NAME CLARK, MARK
STREET ADDRESS 730 BELTED KINGFISHER DR H
CITY-ST-ZIP PALM HARBOR, FL

TITLE P/D ☒ Change ☐ Addition
NAME CLARK, MARK
STREET ADDRESS 730 BELTED KINGFISHER DR. N.
CITY-ST-ZIP PALM HARBOR, FL 34683

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: IAN D. DUNCAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05

Date

727-771-0040

Daytime Phone #