

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90014 001 ****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



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 (10/07)

4. FEI Number
59-2999410

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

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

Name Lennard A. Leighton
Street Address (P.O. Box Number is Not Acceptable)
40 Seaboard Arbores Management
2189 Cleveland St, suite 225
City Clearwater FL Zip Code 33765

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KURTZ, WILLIAM 906 WHIPOORWILL DR PALM HARBOR FL 34683	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNCAN, IAN D 687 BELTED KINGFISHER DR. N. PALM HARBOR FL 34683	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELION, NORMAN 658 HOUSE WREN CIRCLE PALM HARBOR FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DLARK, MARK 687 BELTED KINGFISHER DR. N. PALM HARBOR FL 34683	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AZZO, WOHSN G 769 HOUSE WREN CIR. PALM HARBOR FL 34683	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENNIFER CARTER 1804 PAINTED BUNTING CIRCLE PALM HARBOR, FL 34683	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE TRIMITSIS 1860 PAINTED BUNTING CIRCLE PALM HARBOR, FL 34683	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAWN STAFFORD 1817 PIPERS MEADOW DR PALM HARBOR, FL 34683	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN D'AZZO	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEVIN ATKINS 829 BELTED KINGFISHER DR. S PALM HARBOR, FL 34683	☐ Change ☒ Addition

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:

3-25-08 727781 9800

ATTACHMENT

D
WILLIE POLACEK
590 PINE WARBLER WAYS
PALM HARBOR, FL 34683

60022750

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