

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27646

FILED
Feb 05, 2009
Secretary of State

Entity Name: PIPERS MEADOW HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 322
PALM HARBOR, FL 34682 US

New Principal Place of Business:

40347 US 19 N
229
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

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

New Mailing Address:

40347 US 19 N
229
TARPON SPRINGS, FL 34689 US

FEI Number: 59-2999410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A
2189 CLEVELAND ST STE 225
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

RANALLO, JIM
40347 US 19 N
229
TARPON SPRINGS, FL 34689 US

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: JIM RANALLO, LCAM

02/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CARTER, JENNIFER
Address: 1804 PAINTED BUNTING CIR
City-St-Zip: PALM HARBOR, FL 34683

Title: TD () Delete
Name: DUNCAN, IAN D
Address: 687 BELTED KINGFISHER DR. N.
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: TRIMOSIS, GEORGE
Address: 1860 PAINTED BUNTING CIR
City-St-Zip: PALM HARBOR, FL 34683

Title: PD (X) Delete
Name: DLARK, MARK
Address: 687 BELTED KINGFISHER DR. N.
City-St-Zip: PALM HARBOR, FL 34683

Title: PD () Delete
Name: D'AZZO, JOHN
Address: 769 HOUSE WREN CIR.
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JIM RANALLO, LCAM

MGR

02/05/2009

Electronic Signature of Signing Officer or Director

Date