

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90360 012 \*\*\*\*70.00

<b>DOCUMENT # N46566</b> 1. Entity Name PIPERS TEN MARINA ASSOCIATION, INC.					
Principal Place of Business 423 S. PAULA DR. #303 DUNEDIN, FL 34698 US			Mailing Address C/O COMMUNITY ACCT. MGMT 40347 US 19 N, S 129 TARPON SPRINGS, FL 34689 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3102696</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPOONSTER, JANET K 40347 US 19 N, S 129 TARPON SPRINGS, FL 34689			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	DT. <input type="checkbox"/> Delete				
NAME	GARDENER, DOUGLAS				
STREET ADDRESS	423 S PAULA DR #203				
CITY-ST-ZIP	DUNEDIN, FL 34698				
TITLE	SD <input type="checkbox"/> Delete				
NAME	ELWOOD, HOWARD				
STREET ADDRESS	423 E PAULA DR #102				
CITY-ST-ZIP	DUNEDIN, FL 34698				
TITLE	DP <input checked="" type="checkbox"/> Delete				
NAME	SKALNICK, DENNIS				
STREET ADDRESS	14610 COLOMA LANE				
CITY-ST-ZIP	ODESSA, FL 33556				
TITLE	DP <input checked="" type="checkbox"/> Delete				
NAME	BOBER, TODD				
STREET ADDRESS	423 S PAULA DR #301				
CITY-ST-ZIP	DUNEDIN, FL 34698				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GARDNER, DOUGLAS				
STREET ADDRESS	423 S. PAULA DR #203				
CITY-ST-ZIP	DUNEDIN, FL 34698				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	BOYD, ROBERT				
STREET ADDRESS	423 S. PAULA DR #302				
CITY-ST-ZIP	DUNEDIN, FL 34698				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Robert R. Boyd Treasurer</u> <span style="float: right;">3/3/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					