
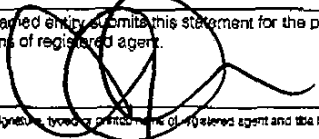
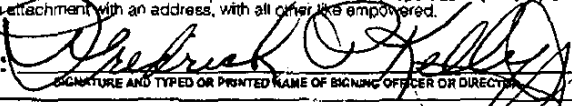


**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90017 045 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N51432</b>					
1. Entity Name PIPER'S GROVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2480 OLD GROVES RD. NAPLES, FL 34109-7669 US		Mailing Address 2480 OLD GROVES RD. NAPLES, FL 34109-7669 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	4. FEI Number 65-0406476	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75-Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER AND POLIAKOFF PA 4501 TAMiami TRl N 214 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name: <u>JOHN GOEDE, ESQ.</u> Street Address (P.O. Box Number is Not Acceptable): <u>7715 TAMiami TR. N.</u> <u>SUITE 1</u> City: <u>NAPLES</u> FL Zip Code: <u>34108</u>		
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 		JOHN GOEDE, ATTORNEY		3-5-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIEN, JOEY		NAME	JDE LAUZON	
STREET ADDRESS	7416 PLUMBAGO BRIDGE ROAD #204		STREET ADDRESS	2450 OLD GROVES RD. #203	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	VFD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, FREDERICK		NAME		
STREET ADDRESS	7528 OLEANDER GATE DRIVE #101		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUZON, JOSEPH		NAME	BEA GIANNETTI	
STREET ADDRESS	2450 OLD GROVES ROAD #203		STREET ADDRESS	2476 ORCHID BAY 204	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTIN-SILVA, BARBARA		NAME		
STREET ADDRESS	2389 RIVER REACH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	CALVIN SUTTON	
STREET ADDRESS			STREET ADDRESS	7476 JACARANDA PARK #101	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		Date: <u>March 14 2008</u>		Daytime Phone #: <u>514-1979</u>	

40058780



03052008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0406476 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75-Additional Fee Required

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIEN, JOEY		NAME	JDE LAUZON	
STREET ADDRESS	7416 PLUMBAGO BRIDGE ROAD #204		STREET ADDRESS	2450 OLD GROVES RD. #203	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	VFD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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STREET ADDRESS	2450 OLD GROVES ROAD #203		STREET ADDRESS	2476 ORCHID BAY 204	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	NAPLES, FL 34109	
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CITY-ST-ZIP			CITY-ST-ZIP	NAPLES, FL 34109	
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CITY-ST-ZIP			CITY-ST-ZIP		

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SIGNATURE:  Date: March 14 2008 Daytime Phone #: 514-1979