

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90017 012 ****61.25

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01072005 Chg-NP CR2E037 (10/03)

DOCUMENT # N93000005786 1. Entity Name PIPER DUNES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY AMELIA ISLAND, FL 32034 US			Mailing Address AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY AMELIA ISLAND, FL 32034 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 59-3235023	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GREGORY DAVID B. AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HIGHWAY BLDG 4 AMELIA ISLAND, FL 32034				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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 reconstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMPSON, ANDY P.O. BOX 9557 FORT WORTH, TX 76146		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MITCHELL, DEB 319 WEST TERRANCE LANE PEORIA, IL 61614		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LEARY, DANIEL A 1537 BEACHWALKER RD. AMELIA ISLAND, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Long, William 8073 Clymer Lane Indianapolis, IN 46250	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD BROWN, SANDRA 1225 BASS ROAD MACON, GA 31210		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURTON A FORD 1557 BEACHWALKER RD AMELIA ISLAND, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ARMBRUST, RICH 2045 DERRIN LANE BROOKFIELD, WI 53045		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ANDY THOMPSON					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

3-3-2005 817-570-3604

ATTACHMENT

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PIPER DUNES CONDOMINIUM ASSOCIATION, INC.
Board of Directors, cont.

Morris Purcel
652 Foster Rd
Macon, GA 31210