

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90043 002 \*\*\*\*61.25

<b>DOCUMENT # N93000005786</b> 1. Entity Name <b>PIPER DUNES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>AMELIA ISLAND MANAGEMENT</b> <b>3000 FIRST COAST HWY</b> <b>AMELIA ISLAND, FL 32034 US</b>			Mailing Address <b>AMELIA ISLAND MANAGEMENT</b> <b>3000 FIRST COAST HWY</b> <b>AMELIA ISLAND, FL 32034 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3235023</b>	
Zip		Country		5. Certificate of Status Desired <input 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	
<b>GREGORY DAVID B.</b> <b>AMELIA ISLAND MANAGEMENT</b> <b>3000 FIRST COAST HIGHWAY BLDG 4</b> <b>AMELIA ISLAND, FL 32034</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, ANDY		NAME		
STREET ADDRESS	P.O. BOX 9557		STREET ADDRESS		
CITY- ST- ZIP	FORT WORTH, TX 76146		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITCHELL, DEB		NAME		
STREET ADDRESS	319 WEST TERRANCE LANE		STREET ADDRESS		
CITY- ST- ZIP	PEORIA, IL 61614		CITY- ST- ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROLLINS, RODGER		NAME		
STREET ADDRESS	P.O. BOX 1692		STREET ADDRESS		
CITY- ST- ZIP	DALTON, GA 30722		CITY- ST- ZIP		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, SANDRA		NAME		
STREET ADDRESS	1225 BASS ROAD		STREET ADDRESS		
CITY- ST- ZIP	MACON, GA 31210		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PURCEL, MORRIS		NAME		
STREET ADDRESS	652 FOSTER ROAD		STREET ADDRESS		
CITY- ST- ZIP	MACON, GA 31210		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARMBRUST, RICH		NAME		
STREET ADDRESS	2045 DERRIN LANE		STREET ADDRESS		
CITY- ST- ZIP	BROOKFIELD, WI 53045		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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			_____ <b>PRESIDENT</b> <b>3-7-2007</b> <small>Date Daytime Phone #</small>		

ATTACHMENT  
40064499

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DOCUMENT # N93000005786

Additions:

D  
Finnerty, Richard  
P. O. Box 212  
Lincoln, MA 01773

D  
Burch, William  
12 Birdie Drive  
Jesup, GA 31546