

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90036 028 \*\*\*\*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 #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		03102008 Chg-NP CR2E037 (12/06)	
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>59-3235023</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current 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>	
7. Name and Address of New Registered Agent Name <b>Jack B. Healan, Jr.</b> Street Address (P.O. Box Number is Not Acceptable)  <b>3000 First Coast Hwy</b> City <b>Amelia Island, FL</b> Zip Code <b>32034</b>				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 <u>JACK B. HEALAN, JR.</u> <u>3/17/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</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</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, ANDY P.O. BOX 9557 FORT WORTH, TX 76146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEE ATTACHED PAGE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MITCHELL, DEB 319 WEST TERRANCE LANE PEORIA, IL 61614	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD BROWN, SANDRA 1225 BASS ROAD MACON, GA 31210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PURCEL, MORRIS 652 FOSTER ROAD MACON, GA 31210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARMBRUST, RICH 2045 DERRIN LANE BROOKFIELD, WI 53045	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 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.				
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/12-2008</u> <small>Date Daytime Phone #</small>		

ATTACHMENT 50000697  
#N93000005786

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**PIPER DUNES CONDOMINIUM ASSOCIATION, INC.**

**11. OFFICERS AND DIRECTORS - CHANGES:**

Director: Sandra Brown  
129 Covington Place  
Macon, GA 31210

**ADDITIONS:**

Treasurer William Burch  
and Director: 12 Birdie Drive  
Jesup, GA 31546

Director: Richard Finnerty  
P. O. Box 212  
Lincoln, MA 01773

Director: Ann C. Long  
8073 Clymer Land  
Indianapolis, IN 46250