

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90050 022 ****61.25

DOCUMENT # N96000001365

1. Entity Name
**PIPER DUNES NORTH 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**

24017529



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3451236

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREGORY, DAVID B
AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HWY
AMELIA ISLAND, FL 32034**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
☐ Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **BROGAN, ALAN**
STREET ADDRESS **5170 FOX RIDGE RD.**
CITY-ST-ZIP **ROANOKE, VA 24014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SEDLAK, R.J.**
STREET ADDRESS **16830 CREEK RIDGE TRAIL**
CITY-ST-ZIP **MINNETONKA, MN 553456304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCCLUNG, JIM**
STREET ADDRESS **16 BALL MILL PLACE**
CITY-ST-ZIP **ATLANTA, GA 30350**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Delete
NAME **SCHMIDT, ELLEN**
STREET ADDRESS **1504 BEACH WALKER ROAD**
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **JOHNSON, EDWIN**
STREET ADDRESS **3431 E. ST. HIGHWAY 200, SUITE 209**
CITY-ST-ZIP **YULEE, FL 32097**

TITLE ☐ Change ☐ Addition
NAME **96082 Victoria's Place**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Madden, John**
STREET ADDRESS **1460 Briar Hill Road**
CITY-ST-ZIP **Hopkinton, New Hampshire 03229**

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 the filing with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWIN B. JOHNSON

Date

Daytime Phone #

02/04/04 904-491-3750