

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001365

FILED
Jan 28, 2009
Secretary of State

Entity Name: PIPER DUNES NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HWY
AMELIA ISLAND, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HWY
AMELIA ISLAND, FL 32034 US

New Mailing Address:

FEI Number: 59-3451236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEALAN, JACK B JR.
3000 FIRST COAST HWY
AMELIA ISLAND, FL 32034 US

Name and Address of New Registered Agent:

MUIR, ROBERT C III
AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034 US

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.

SIGNATURE: ROBERT C. MUIR, III

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURNS, ANN
Address: 9392 CLUB DRIVE
City-St-Zip: ATLANTA, GA 30319

Title: STD () Delete
Name: HUGHES, ROBERT
Address: 5250 HAYES PLACE
City-St-Zip: BRENTWOOD, TN 37027

Title: VD () Delete
Name: SMILEY, WILLIAM
Address: 2119 CENTURY OAK LANE
City-St-Zip: WEST BLOOMFIELD, MI 48323

Title: D () Delete
Name: MADDEN, JOHN C
Address: 1460 BRIAR HILL ROAD
City-St-Zip: HOPKINTON, NH 03229

Title: D () Delete
Name: ARDIA, STEPHEN
Address: 1514 BEACHWALKER RD
City-St-Zip: AMELIA ISLAND, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BURNS, ANN
Address: 4392 CLUB DRIVE
City-St-Zip: ATLANTA, GA 30319

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SMILEY, WILLIAM
Address: 329 POPLAR LANE WAY
City-St-Zip: DECATUR, GA 30030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: CARLSON, RUDY
Address: 27 STONEDGE
City-St-Zip: LOOKOUT MOUNTAIN, TN 37350

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM SMILEY

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date