

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001365

FILED
Mar 15, 2010
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:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-3451236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MUIR, ROBERT C III
AMELIA ISLAND MANAGEMENT, INC.
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:

03/15/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SMILEY, WILLIAM
Address: 3000 FIRST COAST HIGHWAY
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VD
Name: CARLSON, RUDY
Address: 3000 FIRST COAST HIGHWAY
City-St-Zip: AMELIA ISLAND, FL 32034

Title: STD
Name: HUGHES, ROBERT
Address: 3000 FIRST COAST HIGHWAY
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D
Name: BROGAN, ALAN
Address: 3000 FIRST COAST HIGHWAY
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D
Name: TURK, JOSEPH
Address: 3000 FIRST COAST HIGHWAY
City-St-Zip: AMELIA ISLAND, FL 32034

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM SMILEY

P

03/15/2010

Electronic Signature of Signing Officer or Director

Date