## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## N96000001365 DOCUMENT #

1. Entity Name

## PIPER DUNES NORTH CONDOMINIUM ASSOCIATION, INC.



**FILED** Mar 18, 2003 8:00 am Secretary of State

03-18-2003 90068 015 \*\*\*\*61.25

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Principal Plac	ce of Business	Mailing Add	ress	-						
AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY AMELIA ISLAND FL 32034 US		3000 FIRST (	AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY AMELIA ISLAND FL 32034				) 	ija <b>02</b> 40 <b>40</b> 04 <b>8</b>	<b>814</b> : 81 <b>810</b> 11814	Birde Chilings
2. Principal P	Place of Business	3. Mailing Ad	dress	<u> </u>						
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & Sta	City & State			4. FEI Number <b>59-3451236</b>				pplied For ot Applicable
Zip	Country	Zip		Country		5. Certificate of	Status Desired		\$8.75 Ad	ditional
·	6. Name and Address of Currer	nt Registered Age	nt			7. Name and Ac	Idress of New I	Registered A		
	· · · · · · · · · · · · · · · · · · ·			Name -	+		<del></del>			
	iy, david b Island management			Street	Address (F	P.O. Box Number is	Not Acceptabl	e)		
	ST COAST HWY					<del></del>		·		
amelia i	ISLAND FL 32034			City	<del>110</del>	, , <u>, , , , , , , , , , , , , , , , , </u>		FL	Zip Coc	le 📜
8. The above	named entity submits this statement	for the purpose of	changing its re	gistered office of	or registere	ed agent, or both, i	n the State of FI	orida. I am f	amiliar with,	and accept
the obligati	ions of registered agent.			,						,
<b>:</b> •				,						
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: F	Registered Agent signa	ature required v	when reinstating)		DATE		
	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: F	Registered Agent signa	ature required v	when reinstating)		DATE		
	Signature, typed or printed name of registered age	9.		aign Financing		\$5.00 May Be Added to Fees		DATE ake Check da Depart		
		9.	Election Camp	aign Financing		<b>\$5.00</b> May Be Added to Fees	Flori	ake Check da Depart	tment of	State
F 10. TITLE	OFFICERS AND D	9. DIRECTORS	Election Camp Trust Fund Cor	aign Financing atribution.	□ A VD	\$5.00 May Be Added to Fees DDITIONS/CHANG	Flori	ake Check da Depart	tment of	State
TITLE NAME	OFFICERS AND D BUTLER, ALAN	9. DIRECTORS	Election Camp	aign Financing htribution.  11.  TITLE NAME	□ A VD Alan	\$5.00 May Be Added to Fees DDITIONS/CHANG Brogan	Flori	ake Check da Depart	RECTORS IN	State I 10
TITLE NAME STREET ADDRESS	OFFICERS AND D BUTLER, ALAN 1010 LEADENHALL STREET	9. DIRECTORS	Election Camp Trust Fund Cor	aign Financing htribution.  11.  TITLE NAME STREET ADDRESS	□ A VD Alan 5170	\$5.00 May Be Added to Fees DDITIONS/CHANG Brogan Fox Ridge	Flori GES TO OFFICE Rd.	ake Check da Depart	RECTORS IN	State I 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D BUTLER, ALAN	9. DIRECTORS	Election Camp Trust Fund Cor	aign Financing ntribution.  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	□ A VD Alan	\$5.00 May Be Added to Fees DDITIONS/CHANG Brogan Fox Ridge	Flori	ake Check da Depart	RECTORS IN	State  I 10  X KAddition
TITLE NAME STREET ADDRESS	OFFICERS AND E  D BUTLER, ALAN 1010 LEADENHALL STREET ALPHARETTA GA 30202	9. DIRECTORS	Election Camp Trust Fund Cor	aign Financing htribution.  11.  TITLE NAME STREET ADDRESS	□ A VD Alan 5170	\$5.00 May Be Added to Fees DDITIONS/CHANG Brogan Fox Ridge	Flori GES TO OFFICE Rd.	ake Check da Depart	RECTORS IN	State I 10
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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 an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

R.J. Sedlak 16830 Creek Ridge Trail

Minnetonka MN 55345-6304

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

**XX** Addition