

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 762283

**Entity Name:** PIER POINT SOUTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

390 A1A BEACH BLVD  
ST AUGUSTINE BCH., FL 32080

**Current Mailing Address:**

390 A1A BEACH BLVD  
ST AUGUSTINE BCH., FL 32080

**FEI Number:** 59-2190633

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STOWERS, LAURA  
390 A1A BEACH BLVD  
ST AUGUSTINE BCH., FL 32080 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name GENTRY, JOANNE  
Address 390 A1A BEACH BLVD#62  
City-State-Zip: ST AUGUSTINE FL 32080

Title PRESIDENT  
Name BUMGARNER, RON  
Address 1017 SW 115  
City-State-Zip: GAINESVILLE FL 32607

Title VP  
Name SPAHN, DIRK  
Address WALDBLUMENSTR 46  
City-State-Zip: STRAUBENHARDT D-75334

Title TREASURER  
Name MORING, BADGER D  
Address PO BOX 1579  
City-State-Zip: MELROSE FL 32666

*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:** JOANNE GENTRY

**SECRETARY**

**12/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date