

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001365

Entity Name: PIPER DUNES NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5440 FIRST COAST HWY.
AMELIA ISLAND, FL 32034

Current Mailing Address:

C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
AMELIA ISLAND, FL 32034 US

FEI Number: 59-3451236

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMBIASE, NICHOLAS JR.
5440 FIRST COAST HWY.
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: NICHOLAS LAMBIASE, JR.

02/03/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VPD
Name BURNS, LARRY
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
City-State-Zip: AMELIA ISLAND FL 32034

Title D
Name SMILEY, WILLIAM
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
City-State-Zip: AMELIA ISLAND FL 32034

Title STD
Name WARD, CRAWFORD
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
City-State-Zip: AMELIA ISLAND FL 32034

Title PD
Name DERROY, JOEL
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
City-State-Zip: AMELIA ISLAND FL 32034

Title D
Name MELSON, JIM
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
City-State-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: JOEL DERROY

P

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date