

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**DOCUMENT # 736649 (5)**  
1. Corporation Name  
**PIPERS GLEN CONDOMINIUM ASSOCIATION, INC.**

95 FEB -6 PM 12:08

Principal Place of Business Mailing Address  
**C/O CMC, INC  
4175 E BAY DR #205  
CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/23/1976** 3a. Date of Last Report **03/22/1994**  
4. FEI Number **59-1689312** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**HIRSHBERG, ROBIN  
1574 GLEN COURT  
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE **1-16-95**  
Signature of or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>HIRSHBERG, ROBIN</b>
STREET ADDRESS	<b>1574 GLEN CT.</b>
CITY - ST - ZIP	<b>DUNEDIN FL</b>
TITLE	<b>D</b>
NAME	<b>SAFUTO, PHILIP</b>
STREET ADDRESS	<b>1566 GLEN CT #2D</b>
CITY - ST - ZIP	<b>DUNEDIN FL 34698</b>
TITLE	<b>TD</b>
NAME	<b>WINDER, SIDNEY</b>
STREET ADDRESS	<b>1595 AMBERLEA DR S</b>
CITY - ST - ZIP	<b>DUNEDIN FL</b>
TITLE	<b>S</b>
NAME	<b>SCHAFFNER, DONALD G.</b>
STREET ADDRESS	<b>1272 GLEN COURT</b>
CITY - ST - ZIP	<b>DUNEDIN, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>MOSER, GARNETT</b>
STREET ADDRESS	<b>1592 HEATHER CT</b>
CITY - ST - ZIP	<b>DUNEDIN FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>Same</b>
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D. Vivian Beetle</b>
2.3 STREET ADDRESS	<b>1584 Heather Ct</b>
2.4 CITY - ST - ZIP	<b>Dunedin, FL 34698</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>Same</b>
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Secretary Laurie Orlando</b>
4.3 STREET ADDRESS	<b>1558 Glen Ct</b>
4.4 CITY - ST - ZIP	<b>Dunedin, FL 34698</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>Same</b>
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if subject, or as an attachment with an address.

SIGNATURE: **ROBIN HIRSHBERG** **116-95** **733-6543**  
SIGNATURE OF REGISTERED AGENT OR DIRECTOR TITLE DAYTIME PHONE #