

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified 08/23/1976
3a. Date of Last Report 02/06/1995
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
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 28 Country 29 Zip 30 Country

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HIRSHBERG, ROBIN 1574 GLEN CT. DUNEDIN FL	11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		12 NAME	Same
STREET ADDRESS		13 STREET ADDRESS	Same
CITY-ST-ZIP		14 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	D BEETIE, VIVIAN 1584 HEATHER CT DUNEDIN FL	21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		22 NAME	Same
STREET ADDRESS		23 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		24 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	TD WINDER, SIDNEY 1595 AMBERLEA DR S DUNEDIN FL	31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		32 NAME	Same
STREET ADDRESS		33 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		34 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	S ORLANDO, LAVRIE 1558 GLEN CT DUNEDIN FL	41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		42 NAME	Same
STREET ADDRESS		43 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		44 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	D MOSER, GARNETT 1592 HEATHER CT DUNEDIN FL	51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		52 NAME	D. BILL MCLLEAN
STREET ADDRESS		53 STREET ADDRESS	1599 AMBERLEA DR. S.
CITY-ST-ZIP		54 CITY-ST-ZIP	Dunedin FL 34698
TITLE		61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Robin Hirschberg* 3/25/96 733-6543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)