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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34624-6977

3. Date Incorporated or Qualified 08/23/1976
3a. Date of Last Report 04/03/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-1689312	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIRSHBERG, ROBIN
1574 GLEN COURT
DUNEDIN FL 34698

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSHBERG, ROBIN	1.2 NAME	Same
STREET ADDRESS	1574 GLEN CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEETIE, VIVAN	2.2 NAME	Same
STREET ADDRESS	1584 HEATHER CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDER, SIDNEY	3.2 NAME	Same
STREET ADDRESS	1595 AMBERLEA DR S	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORLANDO, LAVRIE	4.2 NAME	Secretary
STREET ADDRESS	1558 GLEN CT	4.3 STREET ADDRESS	Sue merta-wetzel
CITY-ST-ZIP	DUNEDIN FL	4.4 CITY-ST-ZIP	1582 Heather Ct Dunedin, FL 34698
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACLEAN, BILL	5.2 NAME	Director
STREET ADDRESS	1599 AMBERLEA DR S	5.3 STREET ADDRESS	PHIL SuFoto
CITY-ST-ZIP	DUNEDIN FL	5.4 CITY-ST-ZIP	1566 Glen Ct Dunedin, FL 34698
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
Date: 2/22/97
Daytime Phone #: 813 733-6543

CR2E037 (9/96)