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**Mar 06, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 736649

1. Corporation Name  
**PIPERS GLEN CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business C/O CMC, INC 4175 E BAY DR #205 CLEARWATER FL 33764 US	Mailing Address C/O CMC, INC 4175 E BAY DR #205 CLEARWATER FL 33764 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/23/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1689312
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **Vivian Beetle**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1584 Heather Ct**  
 83  
 84 City **Dunedin** FL 85 Zip Code **34698**

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: *Vivian M. Beetle*, VP **Vivian Beetle** 1-19-99  
Signature, typed or printed name of registered agent and title if applicable. (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP BETLE, VIVIAN 1584 HEATHER CT DUNEDIN FL 34698	1.2 NAME	SAME
STREET ADDRESS	TD WINDER, SIDNEY 1595 AMBERLEA DR S DUNEDIN FL	1.3 STREET ADDRESS	SAME
CITY-ST-ZIP	S SCHAFFNER, HELEN 1572 GLEN CT DUNEDIN FL 34698	1.4 CITY-ST-ZIP	SAME
TITLE	D JASKULSKI, ROBERTA 1571 AMBERLEA DR DUNEDIN FL 34698	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SUFUTO, PHIL 1566 GLEN CT DUNEDIN FL	2.2 NAME	SAME
STREET ADDRESS		2.3 STREET ADDRESS	SAME
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SAME
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	SAME
STREET ADDRESS		3.3 STREET ADDRESS	SAME
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SAME
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	SAME
STREET ADDRESS		4.3 STREET ADDRESS	SAME
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SAME
TITLE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D Mike Holtzman
STREET ADDRESS		5.3 STREET ADDRESS	1582 Heather Ct
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Dunedin, FL 34698
TITLE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Delete
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Vivian M. Beetle* **SIGNATURE REQUIRED** **Vivian Beetle** 1/19/99  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)