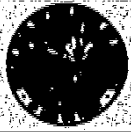


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED

95 APR 19 AM 8:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 762405 (9)
 1. Corporation Name
**PIPER'S LANDING GARDEN APARTMENTS, AREA THREE, C
 ONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 6160 THISTLE TERRACE 6160 THISTLE TERRACE
 PALM CITY FL 34860-1406 PALM CITY FL 34860-1406

3. Date Incorporated or Qualified 3a. Date of Last Report
 03/12/1982 04/18/1994

4. FEI Number Applied For
 59-2262414 Not Applicable

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

5. Certificate of Status Desired \$0.75 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

9. Name and Address of Current Registered Agent
 SONNEMAN, ROBERT
 4680-G S.W. PARKGATE BLVD.
 PALM CITY FL 34990

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, 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 607.0505, Florida Statutes.

SIGNATURE *Robert W. Sonneman* DATE 4/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SONNEMAN, ROBERT
STREET ADDRESS	4680-F SW PARKGATE BLVD.
CITY-ST-ZIP	PALM CITY FL
TITLE	STD
NAME	WILSON, RUTH
STREET ADDRESS	4680-G SW PARKGATE BLVD.
CITY-ST-ZIP	PALM CITY FL
TITLE	VD
NAME	BUTALA, LARRY P.
STREET ADDRESS	4680-F SW PARKGATE BLVD.
CITY-ST-ZIP	PALM CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
1.4 CITY-ST-ZIP	
2.1 TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jennings, Linda
2.3 STREET ADDRESS	4680-B S. W. Parkgate Blvd.
2.4 CITY-ST-ZIP	Palm City, FL 34990
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 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 added, or on an attachment with an address.

SIGNATURE: *Robert W. Sonneman* DATE 4/6/95 220-1363
Signature and typed or printed name of signing officer or director Daytime Phone #