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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

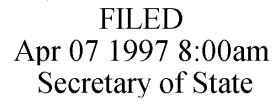
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(9)

PIPER'S LANDING GARDEN APARTMENTS, AREA THREE, C ONDOMINIUM ASSOCIATION, INC.

Principat	Place	οſ	Business

Mailing Address





6160 THISTLE TERRACE PALM CITY FL 34990-1406		6160 THISTLE TERRACE PALM CITY FL 34990-3973								
						3. Date incorporated or Qualified 03/12/1982	e of Last Report 04/05/1996			
Principal Place of Business 2a. Mailing Address			•		4. FEI Number 59-2262414		<u> </u>	pplied For		
28 28			· · · · · · · · · · · · · · · · · · ·					ot Applicable Additional		
22]						5. Certificate of Status Desired	Fee Required			
	City & State City & State					S. Election Campaign Financing Trust Fund Contribution Added to Fees				
Zip Country Zip			Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24 25 29 9. Name and Address of Current Registered Agent			[30]			10. Name and Address of New Registered Agent				
				81	Name			-		
	A, MR LARRY		}	B2	Street A	ddress (P.O. Box Number is Not Acceptate	ole)			
	4680-F SW PARKGATE BLVD PALM CITY FL 34990		İ	83				·····		
1736191 %	A/11 & 01000			84	City		FL	85 Zip	Code	
11 Purcuant	to the provisions of Sections 617 Of	502 and 617 1508 Florida St	atutes the el	I	e-named (corporation submits this statement for the		changing	its registerer	
office or i	egistered agent, or both in e Sta	te of Florida. Such change w	as authorized	ίþ	y the corpo	corporation submits this statement for the poration's board of directors. I hereby accel	ot the app	ointment as	s registered	
	im familiar with, and accept the obli	/ K 1/ 1/				a	11241	91		
SIGNATURE	Signature, typed or printed name of regist red a	igent and title if applicable	Larry I	MI Ane	EALA ent signature f	equired when reinstating)	DATE		,	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 111	LE			*****	Change	Additio	
NAME	BUTALA, LARRY		1,2 NA	ME	İ					
STREET ADDRESS	4680-F PARKGATE BLVD		1.3 ST	REET	T ADDRESS					
CITY-ST-ZIP	PALM CITY FL		1.4 CI	TY-S	ST-ZIP					
TITLE	STD	DELETE	21 77					Change	Additio	
NAME	JENNINGS, LINDA		2.2 NA	ME	1					
STREET ADDRESS	4680-B S.W. PARKGATE BI	LVD	2.3 ST	REET	T ADDRESS					
CITY-ST-ZIP	PALM CITY FL		2.40	ITY-!	ST-ZIP					
TITLE	VD	DELETE	3.1 70					Change	Additio	
NAME	SWANSON, NILES		3.2 N/	ME						
STREET ADDRESS	4660-F SW PARKGATE BLY	/D	3.3 ST	REET	T ADDRESS					
City-St-Zip	PALM CITY FL		3.4. C	ITY-	ST-ZIP	•				
TITLE		DELETE	4.1 70	TLE				Change	Additio	
NAMÉ			4.2 N	AME	:					
STREET ADDRESS			4.3 ST	REET	T ADDRESS					
CITY-ST-ZIP			4.4 (0)	TY - 5	ST-ZIP					
TITLE		☐ DELETE	5.1 10	TLE	Ī	· 1		☐ Change	Additio	
NAME			5.2 N/	WE		·				
STREET ADDRESS			5.3 \$1	REET	T ADDRESS	•				
CITY-ST-ZIP				TY-S	ST-ZIP		·			
TITLE		DELETE	6.1 77	TLE	· T		_	☐ Change	Addition Addition	
NAME			6.2 N/	AME	1					
STREET ADDRESS			6.3 \$1	REET	T ADDRESS					
CITY - ST - ZIP	<u> </u>		6.4 CI	TY-5	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 applicates.