

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90088 001 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762405**

1. Corporation Name  
**PIPER'S LANDING GARDEN APARTMENTS, AREA THREE, C  
 ONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 6160 THISTLE TERRACE PALM CITY FL 34990-1406	Mailing Address 6160 THISTLE TERRACE PALM CITY FL 34990-1406
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/12/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2262414
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent  SWANSON, NILES M 4660-F SW PARKGATE BLVD. PALM CITY FL 34990	10. Name and Address of New Registered Agent 81 Name Miller, Bud 82 Street Address (P.O. Box Number is Not Acceptable) 4660-H SW Parkgate Blvd. 83 84 City Palm City FL 85 Zip Code 34990
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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: *[Signature]* DATE: 3/1/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HART, ROBERT B		1.2 NAME Miller, Bud	
STREET ADDRESS 4660-G SW PARKGATE BLVD		1.3 STREET ADDRESS 4660-H SW Parkgate Blvd.	
CITY-ST-ZIP PALM CITY FL 34990		1.4 CITY-ST-ZIP Palm City, FL 34990	
TITLE STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JENNINGS, LINDA		2.2 NAME Broccolo, Eugene	
STREET ADDRESS 4680-B S.W. PARKGATE BLVD		2.3 STREET ADDRESS 4660-A SW Parkgate Blvd.	
CITY-ST-ZIP PALM CITY FL		2.4 CITY-ST-ZIP Palm City, -FL 34990	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWANSON, NILES		3.2 NAME Swanson, Niles	
STREET ADDRESS 4660-F SW PARKGATE BLVD		3.3 STREET ADDRESS 4660-F SW Parkgate Blvd.	
CITY-ST-ZIP PALM CITY FL 34990		3.4 CITY-ST-ZIP Palm City, FL 34990	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* DATE: 3/1/99 DAYTIME PHONE #: (561) 283-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)