

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90030 008 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 762405

1. Entity Name

PIPER'S LANDING GARDEN APARTMENTS, AREA THREE, C

Principal Place of Business 6160 THISTLE TERRACE PALM CITY FL 34990-1406	Mailing Address 6160 THISTLE TERRACE PALM CITY FL 34990-3973
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2262414	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MILLER, BUD
 4660-H SW PARKGATE BLVD
 PALM CITY FL 34990**

7. Name and Address of New Registered Agent

Name
Niles Swanson

Street Address (P.O. Box Number is Not Acceptable)
4680D SW Parkgate Blvd.

City
Palm City, FL Zip Code
34990

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Niles Swanson* DATE: **3/7/00**

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME MILLER, BUD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4660-H SW PARKGATE BLVD	CITY-ST-ZIP PALM CITY FL 34990	
TITLE SD	NAME BROCCOLO, EUGENE	<input type="checkbox"/> Delete
STREET ADDRESS 4660-A SW PARKGATE BLVD	CITY-ST-ZIP PALM CITY FL 34990	
TITLE VD	NAME SWANSON, NILES	<input type="checkbox"/> Delete
STREET ADDRESS 4660-F SW PARKGATE BLVD	CITY-ST-ZIP PALM CITY FL 34990	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE PD	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE SD	NAME A. Ross Adams	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4680-D SW Parkgate Blvd.	CITY-ST-ZIP Palm City, FL 34990	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Niles Swanson* DATE: **3/7/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)