

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90030 014 ****61.25

DOCUMENT # 762405

1. Entity Name

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

Principal Place of Business

Mailing Address

**6160 THISTLE TERRACE
 PALM CITY FL 34990-1406**

**6160 THISTLE TERRACE
 PALM CITY FL 34990-1406**

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

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWANSON, NILES
 4680D SW PARKGATE BLVD.
 PALM CITY FL 34990**

Name
Eugene Broccolo
 Street Address (P.O. Box Number is Not Acceptable)
6160 SW Thistle Terrace

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

Eugene A. Broccolo

4/9/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	BROCCOLO, EUGENE	
STREET ADDRESS	4660-A SW PARKGATE BLVD	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SWANSON, NILES	
STREET ADDRESS	4660-F SW PARKGATE BLVD	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ADAMS, ROSS A	
STREET ADDRESS	4680-D SW PARKGATE BLVD.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eugene Broccolo	
STREET ADDRESS	6160 SW Thistle Terrace	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Niles Swanson	
STREET ADDRESS	6160 SW Thistle Terrace	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ross Adams	
STREET ADDRESS	6160 SW Thistle Terrace	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Eugene A. Broccolo
REPRODUCED

4/9/02 (561) 283-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)