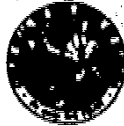


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -5 PM 2:41

DOCUMENT # 770536 (1)

1. Corporation Name

PIPERS WAITE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2055 WOOD ST.,STE.202
SARASOTA FL 34237-7945

2055 WOOD ST.,STE.202
SARASOTA FL 34237-7945

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/30/1983** 3a. Date of Last Report **04/21/1994**

4. FEI Number **59-2344285** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PROPERTY & ACCOUNTING MGMT. INC.
2055 WOOD ST.,STE.202
SARASOTA FL 33577**

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

Signature, typed or printed name of registered agent and fee 4 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SANDSTROM, EDITH
STREET ADDRESS	5838 PIPERS WAITE
CITY - ST - ZIP	SARASOTA FL
TITLE	DS
NAME	ROMZICK, MARGARET
STREET ADDRESS	5849 PIPERS WAITE
CITY - ST - ZIP	SARASOTA FL
TITLE	DT
NAME	PALAZZO, DOMNIC
STREET ADDRESS	5682 PIPERS WAITE
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	CARSON, EDWIN
STREET ADDRESS	5685 PIPERS WAITE
CITY - ST - ZIP	SARASOTA FL
TITLE	DV
NAME	DESANTO, JOHN
STREET ADDRESS	5661 PIPERS WAITE
CITY - ST - ZIP	SARASOTA FL
TITLE	PD
NAME	WELCH, NEIL
STREET ADDRESS	5661 PIPERS WAITE
CITY - ST - ZIP	SARASOTA FL

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Palazzo, Dominic
3.3 STREET ADDRESS	5682 Pipers Waite
3.4 CITY - ST - ZIP	Sarasota, FL 34235
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 checked="" type="checkbox"/> Addition
6.2 NAME	Willow, William
6.3 STREET ADDRESS	5683 Pipers Waite
6.4 CITY - ST - ZIP	Sarasota, FL 34235

14. I do hereby certify that the information supplied with this filing 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 of this report, or on an filing statement with an addressee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Division 13 Form 6

DOMINIC V. PALAZZO, PRES.