

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N17676 (0)

1. Corporation Name

PIPER'S LANDING COUNTRY CLUB, INC.



Principal Place of Business

6160 S.W. THISTLE TERR.
PALM CITY FL 34990

Mailing Address

6160 S.W. THISTLE TERR.
PALM CITY FL 34990

3. Date Incorporated or Qualified

11/06/1986

3a. Date of Last Report

04/19/1995

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

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROOST, GEROGE R.
4422 S.W. DUNDEE COURT
PALM CITY FL 34990

81 Name

Peery Lewis

82

Street Address (P.O. Box Number is Not Acceptable)

4581 SW Parkgate Blvd.

83

84

City

Palm City

FL

85

Zip Code

34990

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

Peery Lewis

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	DIPALO, VITO	
STREET ADDRESS	5034 S.W. LOCH LANE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, PERRY	
STREET ADDRESS	4581 S.W. PARKGATE BLVD	
CITY-ST-ZIP	PALM CITY FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TROOST, GEORGE R.	
STREET ADDRESS	4422 S.W. DUNDEE COURT	
CITY-ST-ZIP	PALM CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CASAR, JOHN	
STREET ADDRESS	4510 S.W. THISTLE TERRACE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HUCK, J. LLOYD	
STREET ADDRESS	4213 S.W. GLENEAGLES CIRCLE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOYLE, JEANNE	
STREET ADDRESS	4061-G S.W. PARKGATE BLVD	
CITY-ST-ZIP	PALM CITY FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marvin Plateis	
1.3 STREET ADDRESS	4074 SW Gleneagles Circle	
1.4 CITY-ST-ZIP	Palm City, FL 34990	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marie McWilliams	
3.3 STREET ADDRESS	5046 SW Inverness Court	
3.4 CITY-ST-ZIP	Palm City, FL 34990	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Paul Covill	
4.3 STREET ADDRESS	4214 SW Gleneagles Circle	
4.4 CITY-ST-ZIP	Palm City, FL 34990	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gene Hall	
5.3 STREET ADDRESS	4044 SW Gleneagles Circle	
5.4 CITY-ST-ZIP	Palm City, FL 34990	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	John Manley	
6.3 STREET ADDRESS	4786 SW Lorne Court	
6.4 CITY-ST-ZIP	Palm City, FL 34990	

14. I do hereby certify that the information supplied with this filing is 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 if changed, or on an attachment with an address.

SIGNATURE:

Peery Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

Date

Daytime Phone #

CR2E037 (12/95)