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Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17676** (0)

1. Corporation Name

**PIPER'S LANDING COUNTRY CLUB, INC.**

Principal Place of Business

Mailing Address

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

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



3. Date Incorporated or Qualified

**11/06/1986**

4. FEI Number

**65-0080024**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COVILL, PAUL D.  
4214 SW GLENEAGLES CIRCLE  
PALM CITY FL 34990**

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 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 *Paul D. Covill*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/26/98**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DIPALO, VITO</b>	
STREET ADDRESS	<b>5034 S.W. LOCH LANE</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Harper, Nancy</b>	
1.3 STREET ADDRESS	<b>6521 SW Thistle Terrace</b>	
1.4 CITY-ST-ZIP	<b>Palm City, FL 34990</b>	

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ARNEY, PATRICIA</b>	
STREET ADDRESS	<b>4421 SW THISTLE TERRACE</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	

2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Owens, Bob</b>	
2.3 STREET ADDRESS	<b>4750 SW Thistle Terrace</b>	
2.4 CITY-ST-ZIP	<b>Palm City, FL 34990</b>	

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCWILLIAMS, MARIE</b>	
STREET ADDRESS	<b>5046 SW INVERNESS COURT</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	

3.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Int-Hout, Nancy</b>	
3.3 STREET ADDRESS	<b>4791 SW Parkgate Blvd.</b>	
3.4 CITY-ST-ZIP	<b>Palm City, FL 34990</b>	

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CASAR, JOHN</b>	
STREET ADDRESS	<b>4510 S.W. THISTLE TERRACE</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	

4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Enright, Richard</b>	
4.3 STREET ADDRESS	<b>1463 SW Troon Circle</b>	
4.4 CITY-ST-ZIP	<b>Palm City, FL 34990</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BUTALA, LARRY P.</b>	
STREET ADDRESS	<b>4680-F SW PARKGATE BLVD</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	

5.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Funk, Raymond</b>	
5.3 STREET ADDRESS	<b>4432 SW Dundee Court</b>	
5.4 CITY-ST-ZIP	<b>Palm City, FL 34990</b>	

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITAKER, THOMAS J.</b>	
STREET ADDRESS	<b>4890 SW PARKGATE BLVD</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	

6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>McCoy, John</b>	
6.3 STREET ADDRESS	<b>713 SW Thornhill Lane</b>	
6.4 CITY-ST-ZIP	<b>Palm City, FL 34990</b>	

14. 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 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:

*Paul D. Covill*

**3/26/98**

**283-7000**

CR2E037 (10/97)

13. Additions/Changes to Officers and Directors in 12.

D

Manley, John  
4786 SW Lorne Court  
Palm City, FL 34990

T

Plateis, Marvin  
4074 SW Gleneagles Circle  
Palm City, FL 4990

PD

Covill, Paul  
4214 SW Gleneagles Circle  
Palm City, FL 34990

D

Brown, Albert  
4781 SW Thistle Terrace  
Palm City, FL 34990