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NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N96000001365 (3)**

1. Corporation Name
PIPER DUNES NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
HWY A-1-A AMELIA ISLAND FL	HWY A-1-A AMELIA ISLAND FL

3. Date Incorporated or Qualified: 03/12/1996
3a. Date of Last Report:

2. Principal Place of Business
21 AMELIA ISLAND MANAGEMENT
Suite, Apt. #, etc.
22 3000 FIRST COAST HWY
City & State
23 AMELIA ISLAND, FL
Zip 24 32034 Country 25

2a. Mailing Address
26 AMELIA ISLAND MANAGEMENT
Suite, Apt. #, etc.
27 3000 FIRST COAST HWY
City & State
28 AMELIA ISLAND, FL
Zip 29 32034 Country 30

4. FEI Number: [X] 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

8. This corporation has liabllity for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

9. **Name and Address of Current Registered Agent**

HARDWICK, JAMES O
5000 FIRST COAST HWY
AMELIA ISLAND FL 32034

10. **Name and Address of New Registered Agent**

81 Name: DAVID B GREGORY
82 Street Address (P.O. Box Number is Not Acceptable): AMELIA ISLAND MANAGEMENT
83 3000 FIRST COAST HWY
84 City: AMELIA ISLAND FL 85 Zip Code: 32034

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: David B. Gregory — DAVID B GREGORY, REGISTERED AGENT — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	[ ] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	HARDWICK, JAMES O		1.2 NAME		
STREET ADDRESS	AMELIA ISLAND PLANTATION		1.3 STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND FL 32034		1.4 CITY-ST-ZIP		
TITLE	VD	[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME	D'ANNA, FRANK A		2.2 NAME		
STREET ADDRESS	AMELIA ISLAND PLANTATION		2.3 STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND FL 32034		2.4 CITY-ST-ZIP		
TITLE	SD	[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME	CHAPLIN, DEBORAH D		3.2 NAME		
STREET ADDRESS	AMELIA ISLAND PLANTATION		3.3 STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND FL 32034		3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 above, or on an attachment with an address.

SIGNATURE: [illegible] REQUIRED — JAMES O. HARDWICK — 3/13/97 — (904)277-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #