

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001365 (3)**

1. Corporation Name

PIPER DUNES NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY AMELIA ISLAND FL 32034 US		Mailing Address AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY AMELIA ISLAND FL 32034 US		3. Date Incorporated or Qualified 03/12/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3451236 Applied For ☐ Not Applicable ☐	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
24 Zip Country		29 Zip Country		30	
25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREGORY, DAVID B
AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HWY
AMELIA ISLAND FL 32034**

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

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

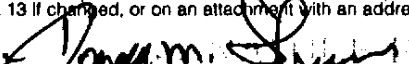
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ☒ DELETE	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	HARDWICK, JAMES O	1.2 NAME	Benoit, L. Jean
STREET ADDRESS	AMELIA ISLAND PLANTATION	1.3 STREET ADDRESS	12753 Mystic Forest
CITY-ST-ZIP	AMELIA ISLAND FL 32034	1.4 CITY-ST-ZIP	Plymouth, MI 48170
TITLE	VD ☒ DELETE	2.1 TITLE	VD ☐ Change ☒ Addition
NAME	D'ANNA, FRANK A	2.2 NAME	Shaw, Donald N/A
STREET ADDRESS	AMELIA ISLAND PLANTATION	2.3 STREET ADDRESS	P.O.Box 8312
CITY-ST-ZIP	AMELIA ISLAND FL 32034	2.4 CITY-ST-ZIP	Fernandina Beach, FL 32035-8312
TITLE	SD ☒ DELETE	3.1 TITLE	SD ☐ Change ☒ Addition
NAME	CHAPLIN, DEBORAH D	3.2 NAME	Jeter, Dan N/A
STREET ADDRESS	AMELIA ISLAND PLANTATION	3.3 STREET ADDRESS	P.O.Box 685
CITY-ST-ZIP	AMELIA ISLAND FL 32034	3.4 CITY-ST-ZIP	Moultrie, GA 31776
TITLE	☐ DELETE	4.1 TITLE	TD ☐ Change ☒ Addition
NAME		4.2 NAME	Brogan, R. Alan
STREET ADDRESS		4.3 STREET ADDRESS	10810 Birkdale CT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pt. Wayne, IN 46864-9311
TITLE	☐ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	Hardwick, James
STREET ADDRESS		5.3 STREET ADDRESS	100-1530 Beach Walker RD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Amelia Island, FL 32034
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

 **DONALD SHAW**

3/10/98

904-321-2170

CR2E037 (10/97)