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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90128 037 ****61.25

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DOCUMENT # N96000001365

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

Principal Place of Business	Mailing Address
AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY AMELIA ISLAND FL 32034 US	AMELIA ISLAND MANAGEMENT 3000 FIRST COAST HWY AMELIA ISLAND FL 32034 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/12/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27	4. FEI Number 59-3451236 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5 Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BENOIT, L. JEAN 12753 MYSTIC FOREST PLYMOUTH MI 48170	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD SCHMIDT, CHARLES 1504 BEACHWALKER RD AMELIA ISLAND, FL 32034	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAW, DONALD P.O. BOX 8312 N/A FERNANDINA BEACH FL 32035	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JETER, DAN P.O. BOX 685 N/A MOULTRIE GA 31776	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD McCLUNG, JO 5560 LAKE ISLAND DRIVE NW ATLANTA, GA 30327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BROGAN, R. ALAN 10810 BIRKDALE CT FT. WAYNE IN 46864	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD BUTLER, ALAN W. 1010 'LEADEN HALL STREET ALPHARETTA, GA 30202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARDWICK, JAMES DCC - 1530 BEACH WALKER RD AMELIA ISLAND FL 32034	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D SHACKELFORD, JOHN 1516 BEACHWALKER RD AMELIA ISLAND, FLORIDA 32034	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: _____ CHARLES D. SCHMIDT 3/0/99 (904)277-2971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #