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Apr 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003653

1. Corporation Name

PIPERS LANDING COMMUNITY FUND, INC.

Principal Place of Business
6160 SW THISTLE TERRACE
PALM CITY FL 34990

Mailing Address
6160 SW THISTLE TERRACE
PALM CITY FL 34990



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/19/1998 4. FEI Number 65-0843285 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

ENRIGHT, RICHARD E
6160 SW THISTLE TERRACE
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name
Cole, Franklin A.
82 Street Address (P.O. Box Number is Not Acceptable)
1393 SW Troon Circle
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ALBERT E	1.2 NAME	COLE, FRANKLIN A.
STREET ADDRESS	4781 SW THISTLE TERRACE	1.3 STREET ADDRESS	1393 SW Troon Circle
CITY-ST-ZIP	PALM CITY FL 34990	1.4 CITY-ST-ZIP	Palm City, FL 34990 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTALA, LARRY P	2.2 NAME	Covill, Paul
STREET ADDRESS	4680 FSW PARKGATE BLVD.	2.3 STREET ADDRESS	4241 SW Gleneagles Circle
CITY-ST-ZIP	PALM CITY FL 34990	2.4 CITY-ST-ZIP	Palm City, FL 34990 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	Palm City, FL 34990 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVILL, PAUL D	3.2 NAME	
STREET ADDRESS	4214 SW GLENEAGLES CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPALO, VITO	4.2 NAME	Cole, Franklin A.
STREET ADDRESS	5034 SW LOCH LANE	4.3 STREET ADDRESS	As above
CITY-ST-ZIP	PALM CITY FL 34990	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENRIGHT, RICHARD E	5.2 NAME	Covill, Paul
STREET ADDRESS	1463 SW TROON CIRCLE	5.3 STREET ADDRESS	As above
CITY-ST-ZIP	PALM CITY FL 34990	5.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	PLATEIS, MARVIN J	6.2 NAME	
STREET ADDRESS	4074 SW GLENEAGLES CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/20/99

Date

Daytime Phone #

CR2E037 (11/98)