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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000079763 (5)**

1. Corporation Name
PIPE CREEK, INC.

Principal Place of Business	Mailing Address
1020 GOODLETTE ROAD SUITE 100. COLONIAL SQUARE NAPLES FL 33940	1020 GOODLETTE ROAD SUITE 100. COLONIAL SQUARE NAPLES FL 34102-5449

2. Principal Place of Business	2a. Mailing Address
21 702 Goodlette Rd. No.	26 702 Goodlette Rd. No.
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100
City & State 23 Naples, FL	City & State 28 Naples, FL
Zip / Country 24 34102 / 25 USA	Zip / City 29 34102 / 30 USA

3. Date Incorporated or Qualified: 10/17/1995
3a. Date of Last Report: 03/18/1996
4. FEI Number: 65-0614577 ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STROHMEYER, JON F
1020 GOODLETTE ROAD
SUITE 100, COLONIAL SQUARE
NAPLES FL 33940

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE 4-14-97
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	D STROHMEYER, JON F 1020 GOODLETTE ROAD, SUITE 100 NAPLES FL 33940	☐ DELETE	1.1 T / 1.2 N / 1.3 STREET / 1.4 CITY	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STROHMEYER, CYNTHIA R 1020 GOODLETTE ROAD, SUITE 100 NAPLES FL 33940	☐ DELETE	2.1 T / 2.2 N / 2.3 STREET / 2.4 CITY	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 / 3.2 / 3.3 STREET / 3.4	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4. / 4. / 4. STREET / 4.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5. / 5. / 5. STREET / 5.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 / 6.2 / 6.3 / 6.4	☐ Change ☐ Addition

CR2E034 (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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____