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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722491 (8)
1. Corporation Name
HOWELL PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2401 ARDSON PLACE TAMPA FL 33629	Mailing Address 2401 ARDSON PLACE TAMPA FL 33629-7332
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/21/1972	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1565161	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SMITH, WAYNE M.
2401 ARDSON PLACE
TAMPA FL 33629**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DB	BRANNAN, CARL D. 2405 ARDSON PLACE TAMPA FL 33629	1.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	PITTMAN, R. F. 2405 ARDSON PLACE TAMPA FL 33629	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SB	SKYRMS, BARBARA 2401 ARDSON PLACE TAMPA FL 33629	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	KENDRICK, JEAN LYKES 2405 ARDSON PLACE TAMPA FL 33629	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE BV	WOLFE, MARY 2401 ARDSON PLACE TAMPA FL 33629	5.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE WP	WARD, MARY NELL 2403 ARDSON PLACE TAMPA FL 33629	6.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address.

SIGNATURE: A. J. Rittman **RECEIVED** 3/31/97 813-251-0575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048826

CR2E037 (9/96)