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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 722491

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

01/21/1972

4. FEI Number

59-1565161

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | BRANNAN, CARL D. | |
| STREET ADDRESS | 2405 ARDSON PLACE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | PITTMAN, R. F. | |
| STREET ADDRESS | 2405 ARDSON PLACE | |
| CITY-ST-ZIP | TAMPA FL 33629 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | BULGER, WILLIAM | |
| STREET ADDRESS | 2405 ARDSON PLACE | |
| CITY-ST-ZIP | TAMPA FL 33629 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MENDELSON, MICHAEL | |
| STREET ADDRESS | 2407 ARDSON PL | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | WOLFE, MARY | |
| STREET ADDRESS | 2401 ARDSON PLACE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WARD, MARY NELL | |
| STREET ADDRESS | 2403 ARDSON PLACE | |
| CITY-ST-ZIP | TAMPA FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------|--|
| 1.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Brannan, Carl D. | |
| 1.3 STREET ADDRESS | 2405 Ardson Place | |
| 1.4 CITY-ST-ZIP | Tampa, FL 33629 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Mendelsohn, Michael | |
| 4.3 STREET ADDRESS | 2407 Ardson Place | |
| 4.4 CITY-ST-ZIP | Tampa, FL 33629 | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Davis, Helen | |
| 5.3 STREET ADDRESS | 2403 Ardson Place | |
| 5.4 CITY-ST-ZIP | Tampa, FL 33629 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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: William Bulger William Bulger, 2/12/99 813-251-0575
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)