

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727620 (7)
1. Corporation Name
LA HACIENDA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 7850 ULMERTON RD..STE.2 LARGO FL 34641	Mailing Address 7850 ULMERTON RD..STE.2 LARGO FL 34641
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3. Date Incorporated or Qualified 10/02/1973		
4. FEI Number 59-1620981	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 28 7850 Ulmerton Rd.		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 1		
City & State 23	City & State 28 Largo, FL.		
Zip 24	Country 25	Zip 29 33771	Country 30 Pinellas

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOLIDAY ISLES PROPERTY MGT INC
7850 ULMERTON RD STE 1
CLEARWATER, FL
LARGO 34641**

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 617.0602 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 PD	<input type="checkbox"/> DELETE	1.1 TITLE P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RECTOR, LOU		1.2 NAME Izzolo, John	
STREET ADDRESS 8838 EAST GULF BLVD		1.3 STREET ADDRESS 827-B East Gulf Blvd	
CITY-ST-ZIP INDIAN ROCKS BEACH FL		1.4 CITY-ST-ZIP Indian Rocks Bch, FL. 33785	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARK, THOMAS		2.2 NAME Oxley, Jean	
STREET ADDRESS 8818 EAST GULF BLVD.		2.3 STREET ADDRESS 831-A East gulf Blvd.	
CITY-ST-ZIP INDIAN ROCKS BEACH FL		2.4 CITY-ST-ZIP Indian Rocks Beach, FL. 33785	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE OFD	<input type="checkbox"/> DELETE	3.1 TITLE VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHACONAS, CHRIS		3.2 NAME	
STREET ADDRESS 827-A EAST GULF BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP INDIAN ROCKS BEACH FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* 2/11/98 530-4517

CR2E037 (10/97)