

FILE NOW: FILING FEE IS \$61.25

FILED
May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730945** (3)
1. Corporation Name
HAWTHORNE POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2821 W HAWTHORNE ROAD TAMPA FL 33611 US	Mailing Address 2821 W HAWTHORNE ROAD TAMPA FL 33611-2827 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/24/1974		3a. Date of Last Report 03/26/1996	
21 Suite, Apt. #, etc.		26 2819 Hawthorne Rd		4. FEI Number 59-1670860		Applied For 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 ANDERSON, STEVEN A. ANDERSON & ORCUTT, P.A. 101 E. KENNEDY, #1870 TAMPA FLORIDA FL 33602				10. Name and Address of New Registered Agent			
				81 Name Estelle Bodenstein			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 2819 Hawthorne Rd			
				84 City Tampa FL 85 Zip Code 33611			

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 *Estelle Bodenstein* DATE **4/26/97**
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOLE, FRANCES	1.2 NAME	
STREET ADDRESS	2821 HAWTHORNE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, CLINT	2.2 NAME	
STREET ADDRESS	2817 HAWTHORNE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, MELISSA	3.2 NAME	
STREET ADDRESS	2815 HAWTHORNE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODENSTEIN, ESTELLE	4.2 NAME	
STREET ADDRESS	2821 W HAWTHORNE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	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 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: *Estelle Bodenstein* DATE **4/14/97** **286-7777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0047878

CR2E037 (9/96)