

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **754094** (1)

1. Corporation Name
HANOVER LANDINGS A CONDOMINIUM, INC.



Principal Place of Business: 1723 GULF ROAD WEST, UNIT 105, TARPON SPRINGS FL 34689
Mailing Address: 1723 GULF ROAD WEST, UNIT 105, TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified: 09/09/1980
3a. Date of Last Report: 03/13/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2136630	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

VILLHAUER, MELVIN H.
1723 GULF RD W. #105
TARPON SPRINGS FL 34689

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE	PTD VILLHAUER, MELVIN H 1723 GULF ROAD WEST #105 TARPON SPRINGS FL	<input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D HECKLINGER, MARTHA E 1151 SCHMIDLIN ROAD OREBON OH	<input checked="" type="checkbox"/> DELETE	21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HECKLINGER, DALE A. 1151 SCHMIDLIN ROAD OREGON, OHIO 43614
TITLE	SD CHILDER, ALICE M 1723 GULF ROAD WEST #304 TARPON SPRINGS FL	<input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Melvin H. Villhauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96 (813) 938-6272
Date Day/Date Phone #

CR2E037 (12/95)