

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 754094 (1)

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 34689-2738

21	22	23	24	25	26	27	28	29	30	3. Date Incorporated or Qualified 09/09/1980	3a. Date of Last Report 02/29/1996	4. FEI Number 59-2136630	Applied For Not Applicable
2. Principal Place of Business					2a. Mailing Address					5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Certificate of Status Desired <input type="checkbox"/>					6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					\$5.00 May Be Added to Fees		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					10. Name and Address of New Registered Agent						
VILLHAUER, MELVIN H. 1723 GULF RD W. #105 TARPON SPRINGS FL 34689					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 617.1503, 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		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. TITLE	PTD	11. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLHAUER, MELVIN H	12. NAME			
STREET ADDRESS	1723 GULF ROAD WEST #105	13. STREET ADDRESS			
CITY, ST, ZIP	TARPON SPRINGS FL	14. CITY-ST-ZIP			
TITLE	D	21. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECKLINGER, DALE A.	22. NAME			
STREET ADDRESS	1151 SCHMIDLIN ROAD	23. STREET ADDRESS			
CITY, ST, ZIP	OREGON OH	24. CITY-ST-ZIP			
TITLE	SD	31. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDER, ALICE M	32. NAME			
STREET ADDRESS	1723 GULF ROAD WEST #304	33. STREET ADDRESS			
CITY, ST, ZIP	TARPON SPRINGS FL	34. CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41. TITLE			
NAME		42. NAME			
STREET ADDRESS		43. STREET ADDRESS			
CITY, ST, ZIP		44. CITY-ST-ZIP			
TITLE		51. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME			
STREET ADDRESS		53. STREET ADDRESS			
CITY, ST, ZIP		54. CITY-ST-ZIP			
TITLE		61. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME			
STREET ADDRESS		63. STREET ADDRESS			
CITY, ST, ZIP		64. 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 published 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*
MELVIN H. VILLHAUER
February 27, 1997 (813) 938-6272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0068959

CR2E037 (9/96)