


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 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 # 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
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3. Date Incorporated or Qualified 09/09/1980	
4. FEI Number 59-2136630	Applied For <input type="checkbox"/> Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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	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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DELETE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLHAUER, MELVIN H	1.2 NAME	
STREET ADDRESS	1723 GULF ROAD WEST #105	1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	34689
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECKLINGER, DALE A.	2.2 NAME	GEORGE KOUSKOUTIS
STREET ADDRESS	1151 SCHMIDLIN ROAD	2.3 STREET ADDRESS	719 HIDDEN LAKE DRIVE
CITY-ST-ZIP	OREGON OH	2.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDER, ALICE M	3.2 NAME	
STREET ADDRESS	1723 GULF ROAD WEST #304	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	LAWRENCE J. NAUMANN
STREET ADDRESS		4.3 STREET ADDRESS	13423 ALVA STREET
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HUDSON FL 34667
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: Melvin H. Villhauer **FILED** **7.2.27.1998** **813 938-6272**

CR2E037 (10/97)