

FILE NOW: FILING FEE IS \$61.25

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Mar 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754094
 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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/09/1980	4. FEI Number 59-2136630	Applied For 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	

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
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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 _____
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	TD <input type="checkbox"/> DELETE	1.1 TITLE	ADD "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 34689	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	YD DELETE "PI" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOUSKOUTIS, GEORGE	2.2 NAME	ADD "V" PI
STREET ADDRESS	719 HIDDEN LAKE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DELETE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAUMANN, LAWRENCE J	3.2 NAME	
STREET ADDRESS	13423 ALVA ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	CONSTANTINOS PAPTOLIS
STREET ADDRESS		4.3 STREET ADDRESS	5755 DOLORES DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MARIA PAPTOLIS,
STREET ADDRESS		5.3 STREET ADDRESS	5755, DOLORES DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	HOLIDAY, FL 34690
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, with all other like empowered.

SIGNATURE: Melvin Villhauer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 3-8-99 Date
 727 938-4272 Daytime Phone #

CR2E037 (11/98)