

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

0081207

DOCUMENT # 754094

1. Entity Name

HANOVER LANDINGS A CONDOMINIUM, INC.

04-26-2001 90019 007 ****61.25

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

2. Principal Place of Business

Suite, Apt. #, etc.
 210 So Pirellas Suite 100

City & State
 Tarpon Springs, Fla

Zip
 34689

Country
 Pirellas

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2136630

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	TDP	<input checked="" type="checkbox"/> Delete
NAME	VILLHAUER, MELVIN H	
STREET ADDRESS	1723 GULF ROAD WEST #105	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KOUSKOUTIS, GEORGE	
STREET ADDRESS	719 HIDDEN LAKE DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAPATOLIS, CONSTANTINOS	
STREET ADDRESS	5755 DOLORES DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PAPATOLIS, MARIA	
STREET ADDRESS	5755 DOLORES DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOUSKOUTIS, GEORGE	
STREET ADDRESS	215 HIDDEN LAKE DR	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, BETTY	
STREET ADDRESS	1723 GULF RD. W. #305	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)