


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 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 # N01452 (4)

1. Corporation Name
THE WOODS AT ANDERSON PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2753 S.R. 580. STE 207 CLEARWATER FL 34621-3351	Mailing Address 2753 S.R. 580. STE 207 CLEARWATER FL 34621-3351
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3. Date Incorporated or Qualified 02/15/1984	
4. FEI Number 59-2370079	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 type="checkbox"/> Yes <input checked="" 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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 33761	Country 25
Zip 29 33761	Country 30

9. Name and Address of Current Registered Agent

**REARDON, MAUREEN C
2753 SR 580 SUITE 207
CLEARWATER FL 34621**

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 FL 33761

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BROWN, KEITH		1.2 NAME MILLER, KATIE	
STREET ADDRESS 39650 US 19 N 344		1.3 STREET ADDRESS 39650 US 19 NORTH #331	
CITY-ST-ZIP TARPON SPRINGS FL		1.4 CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MOORE, TREVOR		2.2 NAME BREDEN, PAT	
STREET ADDRESS 39650 US 19 NORTH #326		2.3 STREET ADDRESS 39650 US 19 NORTH #312	
CITY-ST-ZIP TARPON SPRINGS FL		2.4 CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ADELMAN, HERMAN		3.2 NAME WALSH, EDWARD	
STREET ADDRESS 39650 US HWY 19 N #716		3.3 STREET ADDRESS 39650 US 19 NORTH #313	
CITY-ST-ZIP TARPON SPRINGS FL		3.4 CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIKRES, JEFFREY		4.2 NAME	
STREET ADDRESS 39650 US 19 N #733		4.3 STREET ADDRESS	
CITY-ST-ZIP TARPON SPRINGS FL		4.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, ED		5.2 NAME	
STREET ADDRESS 39650 US 19 N #311		5.3 STREET ADDRESS	
CITY-ST-ZIP TARPON SPRINGS FL		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: Jeffrey Mikres 2-5-98 4434300

CPRE037 (10/97)