

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # N11296 (3)
1. Corporation Name
HAPSHIRE VILLAS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
% JERY PANAGROSSI % JERY PANAGROSSI
18413 CANARY LN. 18413 CANARY LN.
LUTZ FL 33549 LUTZ FL 33549-2715

2. Principal Place of Business 2a. Mailing Address
21 9846 BRIDGETON DR. 26 9846 BRIDGETON DR.
TAMPA, FL 33626 TAMPA, FL 33626
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

3. Date incorporated or Qualified 3a. Date of Last Report
09/18/1985 04/29/1996
4. FEI Number Applied For
NOT APPLICABLE Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PANAGROSSI, JERRY
18413 CANARY LN. 9846 BRIDGETON DR.
LUTZ FL 33549 TAMPA, FL 33626

81 Name PANAGROSSI, JERRY
82 Street Address (P.O. Box Number is Not Acceptable)
9846 BRIDGETON DR.
83
84 City TAMPA FL 85 Zip Code 33626

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETED |
|-------|------------------|-------------------------|-----------------|--------------------------|
| DP | HARTMAN, ALICE | 2912 W. WATERS | TAMPA FL | <input type="checkbox"/> |
| VD | UTERWYKE, BONNIE | 3903 CARROLL CYPRESS CT | TAMPA FL 33614 | <input type="checkbox"/> |
| D | WATKINS, ANNE | 13041 LONDONDARY | TAMPA FL | <input type="checkbox"/> |
| ST | RICHARD ALSTON | 6605 MONTE VISTA PLACE | TAMPA FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Alice Hartmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALICE

HARTMANN

Date

3-21-97 281-1994

Daytime Phone # 0045962

CR2E037 (9/96)