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Jan 16 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 # N93000001190 (8)
 1. Corporation Name
HUNDRED ACRE WOODS HOMEOWNERS ASS'N., INC.



Principal Place of Business 301 HAVERHILL RD. COCOA FL 32927	Mailing Address P.O. 10008 COCOA FL 32927 US
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3. Date Incorporated or Qualified 03/09/1993	4. FEI Number 59-3480943 -NOT APPLICABLE-	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No		

21. Principal Place of Business 6965 HUNDRED ACRE DRIVE	22. Suite, Apt. #, etc.	2a. Mailing Address P.O. BOX 10113	26. Suite, Apt. #, etc.
23. City & State PORT ST. JOHN, FL	27. City & State PORT ST. JOHN, FL	28. City & State PORT ST. JOHN, FL	30. City & State PORT ST. JOHN, FL
24. Zip 32927	25. Country USA	29. Zip 32927	30. Country USA

9. Name and Address of Current Registered Agent
**ROMAR HOMES INC.
 301 HAVERHILL RD.
 COCOA FL 32927**

10. Name and Address of New Registered Agent

81. Name KEVIN S. PORTER
82. Street Address (P.O. Box Number is Not Acceptable) 6965 HUNDRED ACRE DRIVE
83. City PORT ST. JOHN
84. State FL
85. Zip Code 32927

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 **KEVIN S. PORTER - PRESIDENT** *Kevin S. Porter* **Jan 7, 98**
 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 PD	NAME ROGER J. MOLITOR,	STREET ADDRESS 301 HAVERHILL ROAD	CITY-ST-ZIP COCOA FL 32927	<input checked="" type="checkbox"/> DELETE
TITLE D	NAME HARRISON, DAVID A	STREET ADDRESS 301 HAVERHILL RD	CITY-ST-ZIP COCOA FL	<input checked="" type="checkbox"/> DELETE
TITLE D	NAME FRICKS, REBECCA H	STREET ADDRESS 301 HAVERHILL RD	CITY-ST-ZIP COCOA FL	<input checked="" type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D	1.2 NAME KEVIN S. PORTER	1.3 STREET ADDRESS 6965 HUNDRED ACRE DRIVE	1.4 CITY-ST-ZIP PORT ST JOHN, FL 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE V/D	2.2 NAME ANDREW J. STEWERT	2.3 STREET ADDRESS 6852 SWEET BAY COURT	2.4 CITY-ST-ZIP PORT ST. JOHN, FL 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE S/D	3.2 NAME MARY ANN JACKSON	3.3 STREET ADDRESS 6851 SWEET BAY COURT	3.4 CITY-ST-ZIP PORT ST. JOHN, FL 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE T/D	4.2 NAME CHERYL S. STONE	4.3 STREET ADDRESS 6955 HUNDAED ACRE DRIVE	4.4 CITY-ST-ZIP PORT ST. JOHN, FL 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Kevin S. Porter** **REQUIRED** **JAN 7, 1998** (407) 639-1071
 Signature and typed or printed name of signing officer or director Date Daytime Phone # (Area Code)

CFR2E037 (10/97)