

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000003498 (3)
1. Corporation Name

HAMMOCK TRACE DISTRICT ASSOCIATION, INC.



Principal Place of Business Mailing Address
7380 MURRELL RD SUITE 201 MELBOURNE FL 32940
7380 MURRELL RD SUITE 201 MELBOURNE FL 32940

3. Date Incorporated or Qualified 07/30/1993
3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

4. FEI Number 59-3199602 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be 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
BLAKE, R M
7380 MURRELL RD
SUITE 201
MELBOURNE FL 32940

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

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	READER, PERRY J	
STREET ADDRESS	7380 MURRELL RD SUITE 201	
CITY-ST-ZIP	VIERA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BLAKE, R M	
STREET ADDRESS	7380 MURRELL RD SUITE 201	
CITY-ST-ZIP	VIERA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILLER, SCOTT	
STREET ADDRESS	7380 MURRELL RD SUITE 201	
CITY-ST-ZIP	VIERA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARTELL, PAUL	
STREET ADDRESS	7380 MURRELL RD SUITE 201	
CITY-ST-ZIP	VIERA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	R. Mason Blake	
13 STREET ADDRESS	7380 Murrell Road Suite 201	
14 CITY-ST-ZIP	Viera, FL 32940	
21 TITLE	Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Jay Decator	
23 STREET ADDRESS	7380 Murrell Road Suite 201	
24 CITY-ST-ZIP	Viera, FL 32940	
31 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Edward Wooddell	
33 STREET ADDRESS	7380 Murrell Road Suite 201	
34 CITY-ST-ZIP	Viera, FL 32940	
41 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Robert Marrotte	
43 STREET ADDRESS	7380 Murrell Road	
44 CITY-ST-ZIP	Viera, FL 32940	
51 TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Paul Martell	
53 STREET ADDRESS	7380 Murrell Road Suite 201	
54 CITY-ST-ZIP	Viera, FL 32940	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Scott Miller Date: 3/3/96 City/Time Phone #: (407) 242-1200

CR2E037 (12/95)