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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003892 (7)
1. Corporation Name
HAMPTON COVE AT FOX HOLLOW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O ADAM SMITH ENTERPRISES, INC. 43309 US HIGHWAY 19N TARPON SPRINGS FL 34689 US	Mailing Address PO BOX 1606 TARPON SPRINGS FL 34688-1606 US
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3. Date Incorporated or Qualified 08/27/1993	3a. Date of Last Report 02/06/1996
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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	Country 25
Country 25	Zip 29
Country 25	Country 30

4. FEI Number 59-3202561	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FRIEDLAND, LEW
43309 US HWY 19 N.
777 S. FLAGLER, SUITE 500
TARPON SPRINGS FL 34689**

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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	FRIEDLAND, LEW <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRIEDLAND, LEW		1.2 NAME
STREET ADDRESS 43309 US HIGHWAY 19N.		1.3 STREET ADDRESS
CITY-ST-ZIP TARPON SPRINGS FL		1.4 CITY-ST-ZIP
TITLE VD <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALDRIDGE, DANIEL		2.2 NAME
STREET ADDRESS 43309 US HIGHWAY 19N.		2.3 STREET ADDRESS
CITY-ST-ZIP TARPON SPRINGS FL		2.4 CITY-ST-ZIP
TITLE TD <input type="checkbox"/> DELETE		3.1 TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORD, DAVID		3.2 NAME
STREET ADDRESS 43309 US HIGHWAY 19N.		3.3 STREET ADDRESS
CITY-ST-ZIP TARPON SPRINGS FL		3.4 CITY-ST-ZIP
TITLE S <input checked="" type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SALING, GARY		4.2 NAME
STREET ADDRESS 43309 US HIGHWAY 19N.		4.3 STREET ADDRESS
CITY-ST-ZIP TARPON SPRINGS FL		4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		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 do 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 _____

CR2E037 (9/96)