


FILE NOW: FILING FEE IS \$61.25

FILED
May 22 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 # N94000000657 (6)
 1. Corporation Name
THE ESTATES AT WHITE TROUT LAKE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 4104 WEST LINEBAUGH AVENUE TAMPA FL 33624	Mailing Address 4104 WEST LINEBAUGH AVENUE TAMPA FL 33624
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3. Date Incorporated or Qualified 02/02/1994	
4. FEI Number 59-3299245	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 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	

2. Principal Place of Business 21 4350 W. Cypress St. Suite, Apt. #, etc. 22 Suite 275 City & State 23 Tampa, FL Zip 24 33607	2a. Mailing Address 25 4350 W. Cypress St. Suite, Apt. #, etc. 26 Suite 275 City & State 27 Tampa, FL Zip 28 33607	Country 25 Hillsborough	Country 30 Hillsborough
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9. Name and Address of Current Registered Agent
JANA ANDREWS & ASSOCIATES
2807 W BUSCH BLVD
TAMPA FL 33618

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOBLEY, TIMOTHY F	
STREET ADDRESS	4104 WEST LINEBAUGH AVENUE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOBLEY, MICHAEL	
STREET ADDRESS	4104 WEST LINEBAUGH AVENUE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	STVD	<input type="checkbox"/> DELETE
NAME	BAIN, JOHN H	
STREET ADDRESS	750 NORTHLAWN DR.	
CITY-ST-ZIP	COLUMBUS OH 43214	
TITLE	Ann Mobley Director	<input type="checkbox"/> DELETE
NAME	4104 W. Linebaugh Ave.	
STREET ADDRESS	Tampa, FL 33624	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

CR2E037 (10/97)