
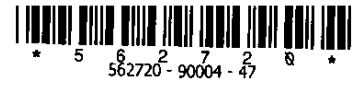


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May 05, 1999 8:00 am
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000001390		
1. Corporation Name HOMES FOR RUSKIN PROPERTY OWNERS' ASSOCIATION, I NC.		
Principal Place of Business 201 14TH AVENUE N.E. RUSKIN FL 33570	Mailing Address P.O. BOX 771 RUSKIN FL 33570	



2. Principal Place of Business 21 220 12th St. S.E.	2a. Mailing Address 26 220 12th St S.E.	3. Date Incorporated or Qualified 03/10/1998
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 City & State Ruskin, FL	28 City & State Ruskin, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33570	29 Zip 33570	30 Country USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

PFEIFFER, EARL 201 14TH AVENUE S.E. RUSKIN FL 33570	81 Name Eileen M. Burke
	82 Street Address (P.O. Box Number is Not Acceptable) 220 12th Street SE
	83
	84 City Ruskin
	85 Zip Code FL 33570

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 Eileen M. Burke DATE 5/14/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKE, DOROTHY	1.2 NAME	Eileen M. Burke
STREET ADDRESS	201 14TH AVENUE N.E.	1.3 STREET ADDRESS	220 12th Street SE.
CITY-ST-ZIP	RUSKIN FL 33570	1.4 CITY-ST-ZIP	Ruskin, FL 33570
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VPO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Javier Leja
STREET ADDRESS		2.3 STREET ADDRESS	14528 Galm-Averview Rd
CITY-ST-ZIP		2.4 CITY-ST-ZIP	River view, FL 33503
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	James Oorion
STREET ADDRESS		3.3 STREET ADDRESS	228 12th Street SE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ruskin, FL 33570
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Hope Figueroa
STREET ADDRESS		4.3 STREET ADDRESS	224 12th Street SE.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ruskin, FL 33570
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Dewey L. Martin, Sr.
STREET ADDRESS		5.3 STREET ADDRESS	1207 Harvest Home Court
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ruskin, FL 33570
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Eileen M. Burke DATE 4/23/99 (813) 671 5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)