

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. McRath</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000129 (5)

1. Corporation Name

THE HAMMOCKS AT LAKE HERON HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2047A OSPREY LN  
LUTZ FL 33549

C/O UPI  
824 EAST FLETCHER AVENUE  
TAMPA FL 33612-2613  
US



2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21 21428 KEATING WAY		26 C/O William Nelson		59-3313725		01/10/1995	
22 Suite, Apt. #, etc.		27 21428 KEATING WAY		5. Certificate of Status Desired		3b. Date of Last Report	
23 LUTZ FL		28 LUTZ FL		<input type="checkbox"/>		02/28/1996	
24 33549		29 33549		6. Election Campaign Financing		Applied For	
25 USA		30 USA		Trust Fund Contribution		Not Applicable	
				<input type="checkbox"/>		\$8.75 Additional Fee Required	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		\$5.00 May Be Added to Fees	
				<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUDAY, MICHAEL J.  
ONE URBAN CENTRE - W KENNEDY BLVD  
SUITE 750  
TAMPA FL 33609

81 Name	THOMAS R. SMITH EA
82 Street Address (P.O. Box Number is Not Acceptable)	910 Southern Accounting & Tax Service Inc
83	16105 N Florida Ave Suite E
84 City	LUTZ
85 Zip Code	FL 33549

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 Thomas R. Smith THOMAS R. SMITH DATE 3/10/97

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	DPT <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DORSTEN, EDNA	1.2 NAME	DIANE M. JOHNSON
STREET ADDRESS	2047A OSPREY LN	1.3 STREET ADDRESS	1431 Plover Court
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	LUTZ, FL 33549
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DORSTEN, NEAL	2.2 NAME	WILLIAM NELSON
STREET ADDRESS	2047A OSPREY LN	2.3 STREET ADDRESS	21428 KEATING WAY
CITY-ST-ZIP	LUTZ FL 33549	2.4 CITY-ST-ZIP	LUTZ FL 33549
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY & V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, RON	3.2 NAME	ROBERT SMITH
STREET ADDRESS	2047A OSPREY LANE	3.3 STREET ADDRESS	21426 KEATING WAY
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	LUTZ FL 33549
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 DIANE M. JOHNSON 3/21/97 812449-1110

CR2E037 (9/96)