

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. McRthan</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N9500000129 (5)**  
1. Corporation Name  
**THE HAMMOCKS AT LAKE HERON HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>2047A OSPREY LN LUTZ FL 33549</b>	Mailing Address <b>C/O UPI 824 EAST FLETCHER AVENUE TAMPA FL 33612-2613 US</b>
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3. Date Incorporated or Qualified <b>01/10/1995</b>	3a. Date of Last Report <b>02/28/1996</b>
4. FEI Number <b>59-3313725</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

2. Principal Place of Business 21 <b>21428 KEATING WAY</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>C/O William Nelson</b> Suite, Apt. #, etc.
22 City & State 23 <b>LUTZ FL</b>	27 <b>21428 KEATING WAY</b> City & State 28 <b>LUTZ FL</b>
24 <b>33549</b> Zip 25 <b>USA</b> Country	29 <b>33549</b> Zip 30 <b>USA</b> Country

9. Name and Address of Current Registered Agent  
**BRUDAY, MICHAEL J.  
ONE URBAN CENTRE - W KENNEDY BLVD  
SUITE 750  
TAMPA FL 33609**

10. Name and Address of New Registered Agent  
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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN DORSTEN, EDNA</b>	1.2 NAME	<b>DIANE M. JOHNSON</b>
STREET ADDRESS	<b>2047A OSPREY LN</b>	1.3 STREET ADDRESS	<b>1431 Plover COURT</b>
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	1.4 CITY-ST-ZIP	<b>LUTZ, FL 33549</b>
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN DORSTEN, NEAL</b>	2.2 NAME	<b>WILLIAM NELSON</b>
STREET ADDRESS	<b>2047A OSPREY LN</b>	2.3 STREET ADDRESS	<b>21428 KEATING WAY</b>
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	2.4 CITY-ST-ZIP	<b>LUTZ FL 33549</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>SECRETARY &amp; V.P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, RON</b>	3.2 NAME	<b>ROBERT SMITH</b>
STREET ADDRESS	<b>2047A OSPREY LANE</b>	3.3 STREET ADDRESS	<b>21426 KEATING WAY</b>
CITY-ST-ZIP	<b>LUTZ FL</b>	3.4 CITY-ST-ZIP	<b>LUTZ FL 33549</b>
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 Thomas R. Smith **3/10/97** **BRUDAY, MICHAEL J.**

CR2E037 (9/96)