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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000129

1. Corporation Name

THE HAMMOCKS AT LAKE HERON HOMEOWNERS' ASSOCIATION, INC.


Principal Place of Business

 21428 KEATING WAY
 LUTZ FL 33549
 US

Mailing Address

 C/O WILLIAM NELSON
 21428 KEATING WAY
 LUTZ FL 33549
 US


2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 <u>21438 Keating Way</u>	26 <u>P.O. Box 633</u>	01/10/1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
		59-3313725
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
<u>Lutz, FL</u>	<u>Lutz, FL</u>	
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
<u>33549</u>	<u>33548</u>	
25 Country	30 Country	
<u>USA</u>	<u>USA</u>	

9. Name and Address of Current Registered Agent

 SMITH, THOMAS R
 BEACON BUSINESS SERVICES, INC.
 13542 N FLORIDA AVE, STE 210
 TAMPA FL 33613

10. Name and Address of New Registered Agent

 81 Name Financial Accounting Services of Tampa
 82 Street Address (P.O. Box Number is Not Acceptable) 21438 Keating Way
 83 Lutz, FL
 84 City Lutz FL 85 Zip Code 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

Charles E. Rogers

5/12/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DIANE M	1.2 NAME	<u>Richard Rhoderick</u>
STREET ADDRESS	1431 PLOVER COURT	1.3 STREET ADDRESS	<u>21408 Keating Way</u>
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	<u>Lutz, FL 33549</u>
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, WILLIAM	2.2 NAME	<u>Robert Benson</u>
STREET ADDRESS	21428 KEATING WAY	2.3 STREET ADDRESS	<u>21439 Keating Way</u>
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	<u>Lutz, FL 33549</u>
TITLE	DSVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT	3.2 NAME	<u>Jane Miller</u>
STREET ADDRESS	21428 KEATING WAY	3.3 STREET ADDRESS	<u>21441 Keating Way</u>
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	<u>Lutz, FL 33549</u>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<u>Betty L Rogers</u>
STREET ADDRESS		4.3 STREET ADDRESS	<u>21438 Keating Way</u>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<u>Lutz, FL 33549</u>
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 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:

Betty L Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/99

Date

813-288-4478

Daytime Phone #

CR2E037 (1/98)