


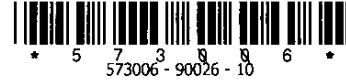
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May 10, 1999 8:00 am
Secretary of State

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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
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2. Principal Place of Business 21 21438 Keating Way Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. Box 633 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 01/10/1995	4. FEI Number 59-3313725	Applied For Not Applicable
23 City & State Lutz, FL	28 City & State Lutz, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24 Zip 33549	25 Country USA	29 Zip 33548	30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
				\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SMITH, THOMAS R BEACON BUSINESS SERVICES, INC. 13542 N FLORIDA AVE, STE 210 TAMPA FL 33613	81 Name Financial Accounting Services of Tampa
	82 Street Address (P.O. Box Number is Not Acceptable) 21438 Keating Way
	84 City Lutz
	85 Zip Code FL 33549
10. Name and Address of New Registered Agent	

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 Z. Rogers DATE: 5/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DIANE M	1.2 NAME	Richard Rhoderick
STREET ADDRESS	1431 PLOVER COURT	1.3 STREET ADDRESS	21408 Keating Way
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D.V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, WILLIAM	2.2 NAME	Robert Benson
STREET ADDRESS	21428 KEATING WAY	2.3 STREET ADDRESS	21439 Keating Way
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE	DSVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DSVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT	3.2 NAME	Jane Miller
STREET ADDRESS	21428 KEATING WAY	3.3 STREET ADDRESS	21441 Keating Way
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Betty L Rogers
STREET ADDRESS		4.3 STREET ADDRESS	21438 Keating Way
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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 ROBERT SMITH DATE: 5/12/99 Daytime Phone #: 813-288-4478

CR2E037 (1/98)