

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 6:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749722** (5)

1. Corporation Name
HANOVER WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
~~2180 W. STATE ROAD 434~~ ~~2180 W. STATE ROAD 434~~
~~SUITE 5000~~ ~~SUITE 5000~~
~~LONGWOOD FL 32779~~ ~~LONGWOOD FL 32779~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/08/1979	3a. Date of Last Report 03/28/1994
4. FEI Number 58-1390598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 P.O. Box 182150 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 182150 Suite, Apt. #, etc.
22 City & State 23 Casselberry	27 City & State 28 Casselberry
24 Zip FL 25 32718	29 Zip FL 30 32718

9. Name and Address of Current Registered Agent
~~HART, JAMES W., JR.~~
~~2180 W. STATE ROAD 434~~
~~SUITE 5000~~
~~LAKE MARY FL 32779~~

10. Name and Address of New Registered Agent B1 Name William C. Spare
B2 Street Address (P.O. Box Number is Not Acceptable) 5250 South U.S. Hwy 17-92
B3
B4 City Casselberry B5 Zip Code FL 32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/24/95**

12. OFFICERS AND DIRECTORS	
TITLE PD	NAME MCWILLIAMS, RAY
STREET ADDRESS 122 W. GREENTREE LANE	CITY - ST - ZIP LAKE MARY FL
TITLE VD	NAME MERCHUT, ED
STREET ADDRESS 133 HICKORY RIDGE CIRCLE	CITY - ST - ZIP LAKE MARY FL
TITLE D	NAME REID, HARRY
STREET ADDRESS 120 W. GREENTREE LANE	CITY - ST - ZIP LAKE MARY FL
TITLE SD	NAME JEHAN, BARBARA
STREET ADDRESS 113 E. GREENTREE LANE	CITY - ST - ZIP LAKE MARY FL
TITLE TD	NAME COX, SAM
STREET ADDRESS 201 E. GREENTREE LANE	CITY - ST - ZIP LAKE MARY FL
TITLE D	NAME DEGLONNE, PETE
STREET ADDRESS 100 E. GREENTREE LANE	CITY - ST - ZIP LAKE MARY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Judye Hebert	
1.3 STREET ADDRESS 140 Sweet Bay Circle	
1.4 CITY - ST - ZIP Lake Mary, FL	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Wayne Schneiderhan	
2.3 STREET ADDRESS 304 E. Greentree Lane	
2.4 CITY - ST - ZIP Lake Mary, FL	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Charles Miller	
3.3 STREET ADDRESS 100 E. Greentree Lane	
3.4 CITY - ST - ZIP Lake Mary, FL	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Stephen Price	
6.3 STREET ADDRESS 305 E. Greentree Lane	
6.4 CITY - ST - ZIP Lake Mary, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Judith A. Hebert* **4-20-95** **333-2079**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)