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Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # 749722 (5)**  
1. Corporation Name  
**HANOVER WOODS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
P.O. BOX 182150 SUITE 5000 CASSELBERRY FL 32718 US  
P.O. BOX 182150 SUITE 5000 CASSELBERRY FL 32718-2150 US

3. Date Incorporated or Qualified **11/08/1979** 3a. Date of Last Report **04/02/1996**

2. Principal Place of Business 2a. Mailing Address  
21 **980 Montgomery Road** 26 **P.O. Box 3355**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Apt. #3** 27  
City & State City & State  
23 **Altamonte Springs, FL** 28 **Longwood, FL**  
Zip Country Zip Country  
24 **32714 US** 29 **32779 US** 30

4. FEI Number **58-1390598** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SPARE, WILLIAM C.**  
**5250 SOUTH U.S. HWY 17-92**  
**SUITE 5000**  
**CASSELBERRY FL 32718**

10. Name and Address of New Registered Agent  
81 Name **Meridythe Kanaga**  
82 Street Address (P.O. Box Number Is Not Acceptable) **980 Montgomery Road, #3**  
83  
84 City **Altamonte Springs** FL 85 Zip Code **32714**

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 *Meridythe Kanaga* **Meridythe Kanaga, Agent** **3/19/97**  
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEBERT, JUDYE	
STREET ADDRESS	140 SWEET BAY CIRCLE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MERCHUT, ED	
STREET ADDRESS	133 HICKORY RIDGE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REID, HARRY	
STREET ADDRESS	120 W. GREENTREE LANE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JEHAN, BARBARA	
STREET ADDRESS	113 E GREENTREE LANE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COX, SAM	
STREET ADDRESS	201 E GREENTREE LANE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, STEPHEN	
STREET ADDRESS	305 E. GREENTREE LANE	
CITY-ST-ZIP	LAKE MARY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Greenlee, Chip	
1.3 STREET ADDRESS	312 Longfield Circle	
1.4 CITY-ST-ZIP	Lake Mary, FL 32746	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ingwalson, Paul	
2.3 STREET ADDRESS	106 E. Greentree Lane	
2.4 CITY-ST-ZIP	Lake Mary, FL 32746	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Schneiderhan, Wayne	
3.3 STREET ADDRESS	304 E. Greentree Lane	
3.4 CITY-ST-ZIP	Lake Mary, FL 32746	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jehan, Barbara	
4.3 STREET ADDRESS	113 E. Greentree Lane	
4.4 CITY-ST-ZIP	Lake Mary, FL 32746	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: **Judye Hebert, President** **3/19/97** **407/862-2292**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0013338**

CR2E037 (9/96)