

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 749722 (5)**  
1. Corporation Name  
**HANOVER WOODS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>980 MONTGOMERY ROAD APT #3 ALTAMONTE SPRINGS FL 32714 US</b>	Mailing Address <b>P.O. BOX 3355 LONGWOOD FL 32779 US</b>
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3. Date Incorporated or Qualified <b>11/08/1979</b>	
4. FEI Number <b>59-58-1390598</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>KANAGA, MERIDYTHE 980 MONTGOMERY ROAD, #3 ALTAMONTE SPRINGS FL 32714</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HEBERT, JUDYE 140 SWEET BAY CIRCLE LAKE MARY FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEBERT, JUDYE	1.2 NAME	
STREET ADDRESS	140 SWEET BAY CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	
TITLE	VD MERCHUT, ED 133 HICKORY RIDGE CIRCLE LAKE MARY FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCHUT, ED	2.2 NAME	
STREET ADDRESS	133 HICKORY RIDGE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	
TITLE	D REID, HARRY 120 W. GREENTREE LANE LAKE MARY FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, HARRY	3.2 NAME	
STREET ADDRESS	120 W. GREENTREE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP	
TITLE	D JEHAN, BARBARA 113 E GREENTREE LANE LAKE MARY FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEHAN, BARBARA	4.2 NAME	DS Dailey, Peggy
STREET ADDRESS	113 E GREENTREE LANE	4.3 STREET ADDRESS	127 W. Greentree Lane
CITY-ST-ZIP	LAKE MARY FL	4.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	TD COX, SAM 201 E GREENTREE LANE LAKE MARY FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, SAM	5.2 NAME	
STREET ADDRESS	201 E GREENTREE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	5.4 CITY-ST-ZIP	
TITLE	D GREENLEE, CHIP 312 LONGFIELD CIRCLE LAKE MARY FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENLEE, CHIP	6.2 NAME	
STREET ADDRESS	312 LONGFIELD CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	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

SIGNATURE: *Sam Cox* Sam Cox, Treasurer 2/12/98 407/862-2292

CR2E037 (10/97)