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Mar 01, 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 # 749722

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

Principal Place of Business 980 MONTGOMERY ROAD APT #3 ALTAMONTE SPRINGS FL 32714 US	Mailing Address P.O. BOX 3355 LONGWOOD FL 32779 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 P.O. Box 160580 27 Suite, Apt. #, etc. 28 City & State Altamonte Springs, FL 29 Zip Country 30 32716-0580 US	3. Date Incorporated or Qualified 11/08/1979 4. FEI Number 59-1390598 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
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9. Name and Address of Current Registered Agent KANAGA, MERIDYTHE 980 MONTGOMERY ROAD, #3 ALTAMONTE SPRINGS FL 32714	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, PEGGY	4.2 NAME	
STREET ADDRESS	127 W GREENTREE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE:  **Peggy Dailey**, Secretary 1/28/99 407/862-2292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)