

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756488** (3)
1. Corporation Name
HANCOCK GALLERY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 6151 ESTERO BLVD. #2 FT. MYERS BEACH FL 33931 US		Mailing Address 6151 ESTERO BLVD. #2 FT. MYERS BEACH FL 33931 US		3. Date Incorporated or Qualified 02/24/1981	
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		4. FEI Number 59-2664322 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. 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 type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent COTTER, EDWARD T. 6151 ESTERO BLVD. FT. MYERS BEACH FL 33931		10. Name and Address of New Registered Agent 81 Name Benson, Mark R. 82 Street Address (P.O. Box Number Is Not Acceptable) 12650 Whitehall Dr. 83 84 City Fort Myers FL 85 Zip Code 33907	
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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 Mark R. Benson, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: Mark R. Benson 1/6/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME REED, ROBERT	1.1 TITLE D	NAME Thomas, Dean
STREET ADDRESS 2315 S MILLER	CITY-ST-ZIP SHELBYVILLE IN	1.2 NAME	1.3 STREET ADDRESS 3440 Riviera Lakes Ct
TITLE TSD	NAME COTTER, EDWARD	1.4 CITY-ST-ZIP Bonita Springs, FL 34134	2.1 TITLE D
STREET ADDRESS 6151 ESTERO BLVD. #2	CITY-ST-ZIP FT MYERS BCH FL	2.2 NAME Santaro, Joseph	2.3 STREET ADDRESS 11342 Grovewood Blvd
TITLE D	NAME STINE, FRANK	2.4 CITY-ST-ZIP Land O'Lakes, FL 34639	3.1 TITLE
STREET ADDRESS 6151 ESTERO #8	CITY-ST-ZIP FT. MYERS BEACH FL	3.2 NAME	3.3 STREET ADDRESS
TITLE	NAME	3.4 CITY-ST-ZIP	4.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	4.3 STREET ADDRESS
TITLE	NAME	4.4 CITY-ST-ZIP	5.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS
TITLE	NAME	5.4 CITY-ST-ZIP	6.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.3 STREET ADDRESS
TITLE	NAME	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: Robert W. Reed Robert W. Reed 2-09-98

CP2E087 (10/97)