

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 759987 (1)

1. Corporation Name
HAMMOCK PINE VILLAGE I ASSOCIATION, INC.



Principal Place of Business Mailing Address
**2430 ESTANCIA BLVD
SUITE 114
CLEARWATER FL 34621
US** **2430 ESTANCIA BLVD
SUITE 114
CLEARWATER FL 34621
US**

3. Date Incorporated or Qualified: **09/11/1981** 3a. Date of Last Report: **04/03/1995**
4. FEI Number: **59-2110433** 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

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**FLORIDA CENTRAL MANAGEMENT INC
2430 ESTANCIA BLVD
SUITE 114
CLEARWATER FL 34621**

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 **FL**

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TENUTA, SAM XX	1.2 NAME	Sam Tenuta
STREET ADDRESS	2013 HAMMOCK PINE BLVD X	1.3 STREET ADDRESS	2013 Hammock Pine Blvd
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOUCIE, HOWARD	2.2 NAME	Anthony Emrich
STREET ADDRESS	2314 HAMMOCK PINE BLVD	2.3 STREET ADDRESS	2202 Hammock pine blvd. Clearwater
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERSTEIN, JERRY	3.2 NAME	Ray Thorpe
STREET ADDRESS	2408 HAMMOCK PINE BLVD	3.3 STREET ADDRESS	2403 Hammock Pine Blvd. Clearwater
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMRICH, ANTHONY	4.2 NAME	sylvia Setala
STREET ADDRESS	2202 HAMMOCK PINE BLVD	4.3 STREET ADDRESS	2404 Hammock Pine Vlvd. Clearwater
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Secretary.
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Ron Spain
STREET ADDRESS		5.3 STREET ADDRESS	1803 Hammock Pine Blvd. Clearater
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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 Tenuta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E037 (12/95)