

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 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 # 759987 (1)
1. Corporation Name
HAMMOCK PINE VILLAGE I ASSOCIATION, INC.



Principal Place of Business: 2430 ESTANCIA BLVD SUITE 114 CLEARWATER FL 34621 US
Mailing Address: 2430 ESTANCIA BLVD SUITE 114 CLEARWATER FL 34621-2607 US

3. Date Incorporated or Qualified: 09/11/1981
3a. Date of Last Report: 03/29/1996
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 (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP TENUTA, SAM	1.1 TITLE	
NAME	2013 HAMMOCK PINE BLVD	1.2 NAME	
STREET ADDRESS	CLEARWATER FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP EMRICH, ANTHONY	2.1 TITLE	
NAME	2202 HAMMOCK PINE BLVD	2.2 NAME	
STREET ADDRESS	CLEARWATER FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD THORPE, RAY	3.1 TITLE	
NAME	2403 HAMMOCK PINE BLVD	3.2 NAME	
STREET ADDRESS	CLEARWATER FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S SETALA, SYLVIA	4.1 TITLE	
NAME	2404 HAMMOCK PINE BLVD	4.2 NAME	
STREET ADDRESS	CLEARWATER FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SPAIN, RON	5.1 TITLE	Silverstein, Jerry - D
NAME	1803 HAMMOCK PINE BLVD	5.2 NAME	
STREET ADDRESS	CLEARWATER FL	5.3 STREET ADDRESS	2408 Hammock Pine Blvd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Clearwater, Fl. 34621
TITLE		6.1 TITLE	
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 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.

CR2E037 (9/96)

Handwritten signature/initials at the bottom right of the page.