


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 22 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 # 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	
21	22	26	27
Suite, Apt. #, etc.	City & State	Suite, Apt. #, etc.	City & State
23	24	28	29
Zip	Country	Zip	Country

3. Date Incorporated or Qualified  
**09/11/1981**

4. FEI Number  
**59-2110433**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 **FL** 85 Zip Code **33761**

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: *Robert M. Norek Sr. V.P.* DATE: **4/8/98**

12. OFFICERS AND DIRECTORS

TITLE	OP	<input checked="" type="checkbox"/> DELETE
NAME	TENUTA, SAM	
STREET ADDRESS	2013 HAMMOCK PINE BLVD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	EMRICH, ANTHONY	
STREET ADDRESS	2202 HAMMOCK PINE BLVD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	THORPE, RAY	
STREET ADDRESS	2403 HAMMOCK PINE BLVD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SETALA, SYLVIA	
STREET ADDRESS	2404 HAMMOCK PINE BLVD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SILVERSTEIN, JERRY	
STREET ADDRESS	2408 HAMMOCK PINE BLVD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAY THORPE	
1.3 STREET ADDRESS	2403 HAMMOCK PINE BLVD	
1.4 CITY-ST-ZIP	CLEARWATER, FL. 33761	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SYLVIA SETALA	
2.3 STREET ADDRESS	2404 Hammock Pine Blvd	
2.4 CITY-ST-ZIP	Clearwater, FL. 33761	
3.1 TITLE	S/TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANITA SENA	
3.3 STREET ADDRESS	2414 Hammock Pine Blvd	
3.4 CITY-ST-ZIP	Clearwater, FL. 33761	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RON SPAIN	
4.3 STREET ADDRESS	1503 AMHERST DR	
4.4 CITY-ST-ZIP	SCHAUMBERG, IL 60194	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JACK MCKENNA	
5.3 STREET ADDRESS	516 Westmoreland St.	
5.4 CITY-ST-ZIP	Philadelphia, PA 19134	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Ray E. Thorpe* DATE: **4/8/98**

CR2E037 (10/97)