

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90065 027 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 759987 *OK*

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

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2753 STATE ROAD 580	26	2753 STATE ROAD 580	09/11/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	#207	27	#207	59-2110433	
City & State		City & State		5.-Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required	
23	CLEARWATER FL	28	CLEARWATER FL	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution <input type="checkbox"/>	
24	33761	25		29	33761
30		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name	MAUREEN C. REARDON		
82	Street Address (P.O. Box Number is Not Acceptable)	2753 STATE ROAD 580 #207		
83				
84	City	CLEARWATER	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: *Maureen C. Reardon* DATE: *1-26-99*
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	<input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	THORPE, RAY
STREET ADDRESS		1.3 STREET ADDRESS	2403 HAMMOCK PINE BLVD.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CLEARWATER FL 33761
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SETALA, SYLVIA
STREET ADDRESS		2.3 STREET ADDRESS	2404 HAMMOCK PINE BLVD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CLEARWATER FL 33761
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	WAKEFIELD, CHERYL
STREET ADDRESS		3.3 STREET ADDRESS	1914 HAMMOCK PINE BLVD.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CLEARWATER FL 33761
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SENA, ANITA
STREET ADDRESS		4.3 STREET ADDRESS	2414 HAMMOCK PINE BLVD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CLEARWATER FL 33761
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SPAIN, RON
STREET ADDRESS		5.3 STREET ADDRESS	1503 AMHERST DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SCHAUMBERG IL 60194
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 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: *Ray E Thorpe* DATE: *1/28/99* DAYTIME PHONE #: *727 797-2221*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)