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FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # G92758 (3)
 1. Corporation Name
HASELTON VILLA HOME OWNERS, INC.



Principal Place of Business: **54 LAVENDER LANE EUSTIS FL 32726 US**
 Mailing Address: **54 LAVENDER LANE EUSTIS FL 32726 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/23/1984**

4. FEI Number: **59-2394056**

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

2. Principal Place of Business: **21 11 Royal Drive**
 Suite, Apt. #, etc.

2a. Mailing Address: **26 11 Royal Drive**
 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

25 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent
DUNLAP, JAMES
54 LAVENDER LANE
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name: **Hungarter, Dianne**

82 Street Address (P.O. Box Number is Not Acceptable): **11 Royal Drive**

83

84 City: **Eustis** **FL** 85 Zip Code: **32726**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: **DIANNE HUNGARTER** *Dianne Hungarter* **3-4-98**
Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BALUS, ARLENE	
STREET ADDRESS	7 JADE STREET	
CITY-ST-ZIP	EUSTIS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FARNOROTTO, MILDRED	
STREET ADDRESS	9 ROYAL DRIVE	
CITY-ST-ZIP	EUSTIS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HAYNES, FREDERICK A.	
STREET ADDRESS	42 TURQUOISE WAY	
CITY-ST-ZIP	EUSTIS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DUNLAP, JAMES	
STREET ADDRESS	54 LAVENDER LANE	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURPHY, MARIE	
STREET ADDRESS	3 TURQUOISE WAY	
CITY-ST-ZIP	EUSTIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	INGHAM, IRMA	
STREET ADDRESS	13 SCARLET WAY	
CITY-ST-ZIP	EUSTIS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Snider, Dennis	
1.3 STREET ADDRESS	15 Topaz Drive	
1.4 CITY-ST-ZIP	Eustis, FL 32726	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Minshall, Martin	
2.3 STREET ADDRESS	8 Royal Drive	
2.4 CITY-ST-ZIP	Eustis, FL 32726	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Haines, Jeneen	
3.3 STREET ADDRESS	32 Turquoise Way	
3.4 CITY-ST-ZIP	Eustis, FL 32726	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hungarter, Dianne	
4.3 STREET ADDRESS	11 Royal Drive	
4.4 CITY-ST-ZIP	Eustis, FL 32726	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Dianne Hungarter* **DIANNE HUNGARTER (352) 3576147** **3-4-98**

CR2E034 (10/97)