

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 7-23-90 B-1392 C

DOCUMENT # N00137 (2)

1. Corporation Name
PATTY ANN ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 % MICHAEL HILL 2030 SANDPIPER DR. PALM HARBOR FL 34683

3. Date Incorporated or Qualified 12/02/1983
 3a. Date of Last Report 07/07/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 60 MARY ANN BASHLINE	MARY ANN BASHLINE	59-2960719	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 40 PELICAN PL.	40 PELICAN PL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 PALM HARBOR, FL	PALM HARBOR, FL		
Zip	Country		
24 34683	25 USA		
	29 34683		
	30 USA		

9. Name and Address of Current Registered Agent
 BASHLIEN, MARY AN
 40 PELICAN PLACE
 PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name	MARY ANN BASHLINE
82 Street Address (P.O. Box Number is Not Acceptable)	40 PELICAN PL.
83 City	PALM HARBOR, FL
84 City	FL
85 Zip Code	34683

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 *Mary Ann Bashline* 7/17/96
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, ROBERT	
STREET ADDRESS	210 19TH ST.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, NORMA	
STREET ADDRESS	210 19TH ST.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BASHLINE, MARY ANN	
STREET ADDRESS	40 PELICAN PLACE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, QUINTON	
STREET ADDRESS	340 19TH ST.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MRAZ, DOT	
STREET ADDRESS	2040 EGRET DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NICK OTTAVIANO	
1.3 STREET ADDRESS	508 PLOVER	
1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CAROL WERNBERG	
2.3 STREET ADDRESS	145 OSPREY	
2.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
3.1 TITLE	BOARD OF DIRECTORS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TONY STUMPF	
3.3 STREET ADDRESS	20 TEAL	
3.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
4.1 TITLE	BOARD OF DIRECTORS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ARTHUR RIVIECCIO	
4.3 STREET ADDRESS	165 OSPREY	
4.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
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 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: *Mary Ann Bashline* MARY ANN BASHLINE 787-1640 (813)
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)