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Jan 24 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 # N00137 (2)

1. Corporation Name

PATTY ANN ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O MARY ANN BASHLINE
40 PELICAN PLACE
PALM HARBOR FL 34683
US

C/O MARY ANN BASHLINE
40 PELICAN PLACE
PALM HARBOR FL 34683-5046
US

3. Date Incorporated or Qualified
12/02/1983

3a. Date of Last Report
07/23/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

59-2960719

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASHLINE, MARY ANN
40 PELICAN PLACE
PALM HARBOR FL 34683

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME P
STREET ADDRESS OTTAVIANO, NICK
CITY - ST - ZIP 508 PLOVER
PALM HARBOR FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DELETE
NAME S
STREET ADDRESS WERNBERG, CAROL
CITY - ST - ZIP 145 OSPREY
PALM HARBOR FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE DELETE
NAME TD
STREET ADDRESS BASHLINE, MARY ANN
CITY - ST - ZIP 40 PELICAN PLACE
PALM HARBOR FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DELETE
NAME D
STREET ADDRESS RIVECCIO, ARTHUR
CITY - ST - ZIP 165 OSPREY
PALM HARBOR FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME D
STREET ADDRESS MRAZ, DOT
CITY - ST - ZIP 2040 EGRET DRIVE
PALM HARBOR FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change 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 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:

Mary Ann Bashline
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/97 (813)
787-1640
Date Daytime Phone # 0066734

CF2E037 (9/96)