

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT: THE ON OR BEFORE 9/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$234.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 NOV 15 PM 3: 51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N00137

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

Principal Place of Business: C/O MARY ANN BASHLINE, 40 PELICAN PLACE, PALM HARBOR FL 34683, US
 Mailing Address: C/O MARY ANN BASHLINE, 40 PELICAN PLACE, PALM HARBOR FL 34683, US



REINSTATEMENT 99

21	2. Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Organized	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	12/02/1983	59-2960719	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip		6	Election Campaign Financing Trust Fund Contribution
24	Country	29	Country			\$5.00 May Be Added to Fees

9	Name and Address of Current Registered Agent	81	Name	85	Zip Code
	BASHLINE, MARY ANN 40 PELICAN PLACE PALM HARBOR FL 34683	82	Street Address (P.O. Box Number is Not Acceptable)	FL	
		83			
		84	City		

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
 Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reappointing)
 DATE: 11/10/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Change Addition
NAME	TEICHGRAEBER, ROGER	1.2 NAME	
STREET ADDRESS	1980 BLUE HERON WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	400003061004--8
TITLE	S	2.1 TITLE	Change Addition
NAME	WERNBERG, CAROL	2.2 NAME	***245.00 ***245.00
STREET ADDRESS	145 OSPREY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	Change Addition
NAME	BASHLINE, MARY ANN	3.2 NAME	
STREET ADDRESS	40 PELICAN PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	Change Addition
NAME	OSTERBROCK, DAVID	4.2 NAME	
STREET ADDRESS	1951 SANDPIPER	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Change Addition
NAME	MRAZ, DOT	5.2 NAME	
STREET ADDRESS	2040 EGRET DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	Change Addition
NAME	HILL, MIKE	6.2 NAME	
STREET ADDRESS	2030 SANDPIPER	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	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: *[Signature]* SIGNATURE REQUIRED (727) 787-1640
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR
 MARY ANN BASHLINE
 Date: Daytime Phone #

000162

CR2E037 (5/99)