

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23212 (6)
 1. Corporation Name
HAPPY HOEDOWNERS, INC.



Principal Place of Business 1100 E NORTH BLVD PO BOX 491140 LEESBURG FL 34749-8140	Mailing Address 1100 E NORTH BLVD PO BOX 491140 LEESBURG FL 34749-1140
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 10/28/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2954334		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent HALL, LEO 1610 MICHIGAN AVENUE LEESBURG FL 34748				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROHWEIN, DICK	1.2 NAME	HALL, LEO
STREET ADDRESS	1408 TORREY PINES DRIVE	1.3 STREET ADDRESS	1610 MICHIGAN AVE
CITY-ST-ZIP	LADY LAKE FL	1.4 CITY-ST-ZIP	LEESBURG FL 34748
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROHWEIN, JANE	2.2 NAME	HALL, JUANITA
STREET ADDRESS	1408 TORREY PINES DRIVE	2.3 STREET ADDRESS	1610 MICHIGAN AVE
CITY-ST-ZIP	LADY LAKE FL	2.4 CITY-ST-ZIP	LEESBURG FL 34748
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, HAROLD	3.2 NAME	NORRIS, FRED
STREET ADDRESS	34330 LAKELAND AVENUE	3.3 STREET ADDRESS	25733 NEWCOMB CIRCLE
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, DOROTHY	4.2 NAME	NORRIS, HELEN
STREET ADDRESS	401 KEY AVENUE	4.3 STREET ADDRESS	25733 NEWCOMB CIRCLE
CITY-ST-ZIP	EUSTIS FL	4.4 CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, LEO	5.2 NAME	NOVAK, JOHN
STREET ADDRESS	1610 MICHIGAN AV	5.3 STREET ADDRESS	34003 PICCOLA DR
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, JUANITA	6.2 NAME	NOVAK, PAT
STREET ADDRESS	1610 MICHIGAN AVE.	6.3 STREET ADDRESS	34003 PICCOLA DR
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP	FRUITLAND PARK, FL 34731

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: LEO HALL APR 17 1997 382-4072 (352)-

CR2E037 (9/96)