


**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90014 050 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N33309</b>					
<b>1. Corporation Name</b> <b>HOMOSASSA SPRINGS NEIGHBORHOOD WATCH, INC.</b>					
<b>Principal Place of Business</b> P.O. BOX 1366 HOMOSASSA SPRINGS FL 34447 US			<b>Mailing Address</b> P.O. BOX 1366 HOMOSASSA SPRINGS FL 34447 US		



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. City & State Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. City & State Zip Country		<b>3. Date Incorporated or Qualified</b> 07/19/1989	
<b>4. FEI Number</b> 59-2954362		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Trust Fund Contribution</b> <input type="checkbox"/>			

<b>9. Name and Address of Current Registered Agent</b> TURNER, ROBERT 2118 S. SUNWOOD PT. HOMOSASSA FL 34448				<b>10. Name and Address of New Registered Agent</b> 81 Name ROGERS, LARRY V. 82 Street Address (P.O. Box Number is Not Acceptable) 5303 S. OLDFIELD AVE. 83 84 City HOMOSASSA, FL 85 Zip Code 34446			
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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

*Larry V. Rogers*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNER, ROBERT			1.2 NAME	ROGERS, LARRY V.		
STREET ADDRESS	2118 S. SUNWOOD PT.			1.3 STREET ADDRESS	5303 S. OLDFIELD AVE.		
CITY-ST-ZIP	HOMOSASSA FL 34448			1.4 CITY-ST-ZIP	HOMOSASSA FL 34446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POHL, GLENN			2.2 NAME	<del>XXXXXXXXXX</del> BUCK, DICK		
STREET ADDRESS	2510 N. OLIVA LANE			2.3 STREET ADDRESS	3588 S. ARUNDEL TER		
CITY-ST-ZIP	LECANTO FL 34461			2.4 CITY-ST-ZIP	HOMOSASSA FL 34446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEINBRING, MARCIA			3.2 NAME	<del>XXXXXXXXXX</del> MANGELS, VIRGINIA		
STREET ADDRESS	3775 S. SUNCOAST BV. LOT#10			3.3 STREET ADDRESS	7361 S. SESAME STREET TER.		
CITY-ST-ZIP	HOMOSASSA FL 34448			3.4 CITY-ST-ZIP	HOMOSASSA, FL. 34446-3439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNER, CAROL			4.2 NAME	TURNER, CAROL		
STREET ADDRESS	2118 S. SUNWOOD PT.			4.3 STREET ADDRESS	2118 S. SUNWOOD PT.		
CITY-ST-ZIP	HOMOSASSA FL 34448			4.4 CITY-ST-ZIP	HOMOSASSA, FL 34448	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:** *Larry V. Rogers* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

(352) 621-3673

Date

Daytime Phone #

CR2E037 (11/98)