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Mar 06 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 # N34623 (1)
1. Corporation Name
HAINESPORT PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
165 HAINESPORT LAKE ALFRED FL 33850

Mailing Address
165 HAINESPORT LAKE ALFRED FL 33850-2329

3. Date Incorporated or Qualified: 10/10/1989
3a. Date of Last Report: 05/14/1996

2. Principal Place of Business
21 165 HAINESPORT
22 Suite, Apt #, etc.
23 City & State: LAKE ALFRED, FL
24 Zip: 33850
25 Country: USA

4. FEI Number: 59-3018370
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
LOVE, SYLVIA
120 HAINESPORT
LAKE ALFRED FL 33850

JACK HAYS
165 HAINESPORT
LAKE ALFRED, FL
33850

10. Name and Address of New Registered Agent
81 Name: LEON SWEATMAN
82 Street Address (P.O. Box Number is Not Acceptable): 125 N RAMONA AVE
83
84 City: LAKE ALFRED FL 85 Zip Code: 33850

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: Leon Sweatman, Jack E Hays
DATE: 2/7/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOVE, JAMES	
STREET ADDRESS	120 HAINESPORT	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, TERESA	
STREET ADDRESS	100 HAINESPORT	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE	DI	<input checked="" type="checkbox"/> DELETE
NAME	LOVE, SYLVIA	
STREET ADDRESS	120 HAINESPORT	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LYON, HARRY WELLARD	
STREET ADDRESS	3208 FAIRMONT PLACE	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ORTAGUS, ERNEST W	
STREET ADDRESS	135 N. ROMANA	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MIES (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACK E HAYS	
1.3 STREET ADDRESS	165 HAINESPORT	
1.4 CITY-ST-ZIP	LAKE ALFORD FL 33850	
2.1 TITLE	V PRES (VP)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D SHONTEL R SPAGNOCA	
2.3 STREET ADDRESS	100 HAINESPORT	
2.4 CITY-ST-ZIP	LAKE ALFORD FL 33850	
3.1 TITLE	SEC (S)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D TIM FREG	
3.3 STREET ADDRESS	105 HAINESPORT	
3.4 CITY-ST-ZIP	LAKE ALFRED FL 33850	
4.1 TITLE	TREAS (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D LEON SWEATMAN	
4.3 STREET ADDRESS	125 N RAMONA AVE	
4.4 CITY-ST-ZIP	LAKE ALFRED FL 33850	
5.1 TITLE	(D) EARL HAYS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D EARL HAYS	
5.3 STREET ADDRESS	675 TOD HUNTER	
5.4 CITY-ST-ZIP	LAKE ALFRED FL 33850	
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 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: Jack E HAYS 2-5-97 9419562504

CR2E037 (9/96)