

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34623 (1)
1. Corporation Name
HAINESPORT PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 165 HAINESPORT LAKE ALFRED FL 33850 US	Mailing Address 165 HAINESPORT LAKE ALFRED FL 33850 US
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3. Date Incorporated or Qualified 10/10/1989		
4. FEI Number 59-3018370	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**HAYS, JACK
165 HAINSPORT
LAKE ALFRED FL 33850**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAYS, JACK E.	
STREET ADDRESS	165 HAINSPORT	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SPAGNOLA, SHONTEL R.	
STREET ADDRESS	100 HAINSPORT	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FREE, TIM	
STREET ADDRESS	105 HAINSPORT	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SWEATMAN, LEON	
STREET ADDRESS	125 N. RAMONA	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAYS, EARL	
STREET ADDRESS	675 TOD HUNTER	
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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rhonda Tindal	
1.3 STREET ADDRESS	135 HAINSPORT	
1.4 CITY-ST-ZIP	LAKE ALFRED FL 33850	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ken Umperhour	
2.3 STREET ADDRESS	125 HAINSPORT	
2.4 CITY-ST-ZIP	LAKE ALFRED, FL 33850	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *[Signature]* 3-5-98 241-956-2504

CR2E037 (10/97)