


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90147 032 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N34623**

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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2. Principal Place of Business 21 155 Hainesport Suite, Apt. #, etc. 22 City & State 23 Lake Alfred, FL Zip Country 24 33850 25 Polk	2a. Mailing Address 26 155 Hainesport Suite, Apt. #, etc. 27 City & State 28 Lake Alfred, FL Zip Country 29 33850 30 Polk	3. Date Incorporated or Qualified 10/10/1989 4. FEI Number 59-3018370 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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 Rhonda Tyndal 82 Street Address (P.O. Box Number is Not Acceptable) 135 Hainesport 83 84 City Lake Alfred FL 85 Zip Code 33850
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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 Rhonda Tyndal Rhonda Tyndal DATE 1-26-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYS, JACK E.	1.2 NAME	Hildred Scurry
STREET ADDRESS	165 HAINSPORT	1.3 STREET ADDRESS	155 Hainesport
CITY-ST-ZIP	LAKE ALFRED FL	1.4 CITY-ST-ZIP	Lake Alfred, FL 33850
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPAGNOLA, SHONTEL R.	2.2 NAME	Jean Williamson
STREET ADDRESS	100 HAINSPORT	2.3 STREET ADDRESS	180 Hainesport
CITY-ST-ZIP	LAKE ALFRED FL	2.4 CITY-ST-ZIP	Lake Alfred, FL 33850
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREE, TIM	3.2 NAME	Rhonda Tyndal
STREET ADDRESS	105 HAINSPORT	3.3 STREET ADDRESS	135 Hainesport
CITY-ST-ZIP	LAKE ALFRED FL	3.4 CITY-ST-ZIP	Lake Alfred, FL 33850
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNDAL, RHONDA	4.2 NAME	
STREET ADDRESS	135 HAINSPORT	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE ALFRED FL 33850	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UMPENHOUR, KEN	5.2 NAME	
STREET ADDRESS	125 HAINSPORT	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE ALFRED FL 33850	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: Rhonda Tyndal SIGNATURE REQUIRED Rhonda Tyndal 1-26-99 941-956-4640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)