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May 01 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 # N38125 (3)
1. Corporation Name
TOBACCO ROAD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 964 HAVANA FL 32333 US	Mailing Address P.O. BOX 964 HAVANA FL 32333-0964 US
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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	3. Date Incorporated or Qualified 05/15/1990	3a. Date of Last Report 06/17/1996	4. FEI Number 59-2136699 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
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9. Name and Address of Current Registered Agent
BAKER, LEE A
2203 DUTCH MASTER DR
HAVANA FL 32333

10. Name and Address of New Registered Agent
81 Name **Waneta Bass**
82 Street Address (P.O. Box Number is Not Acceptable)
2016 Tobacco Road
83 **Havana, FL 32333**
84 City **FL** 85 Zip Code

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: *Waneta Bass* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	OESTERLE, CARL	
STREET ADDRESS	2607 HAVE A TAMPA DR	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	T	<input checked="" type="checkbox"/>
NAME	BAKER, LEE A	
STREET ADDRESS	2203 DUTCHMASTER DR	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	TS	<input checked="" type="checkbox"/>
NAME	RALICKI, BETTY	
STREET ADDRESS	2400 TAMPA NUGGET	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Pres.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Willie Herring		
1.3 STREET ADDRESS	2406 Tampa Nugget Court		
1.4 CITY-ST-ZIP	Havana, FL 32333		
2.1 TITLE	Vice Pres.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Al Balk		
2.3 STREET ADDRESS	2019 Tobacco Road		
2.4 CITY-ST-ZIP	Havana, FL 32333		
3.1 TITLE	Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Elizabeth J. Ralicki		
3.3 STREET ADDRESS	2400 Tampa Nugget Court		
3.4 CITY-ST-ZIP	Havana, FL 32333		
4.1 TITLE	Co-Treasurer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Waneta Bass		
4.3 STREET ADDRESS	2016 Tobacco Road		
4.4 CITY-ST-ZIP	Havana, FL 32333		
5.1 TITLE	Co-Treasurer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Bethalinn Stillwell		
5.3 STREET ADDRESS	2018 Tobacco Road		
5.4 CITY-ST-ZIP	Havana, FL 32333		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Waneta Bass* **3-17-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008940

CR2E037 (9/96)