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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90045 041 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38125

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 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/15/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2136699
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent

BASS, WANETA
2016 TOBACCO ROAD
HAVANA FL 32333

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 checked="" type="checkbox"/> DELETE
NAME	HERRING, WILLIE	
STREET ADDRESS	2406 TAMPA NUGGET CT	
CITY-ST-ZIP	HAVANA FL	
TITLE	VPO	<input checked="" type="checkbox"/> DELETE
NAME	WARD, STUARD	
STREET ADDRESS	2203 DUTCHMASTER DR	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RALICKI, ELIZABETH J	
STREET ADDRESS	2400 TAMPA NUGGET	
CITY-ST-ZIP	HAVANA FL	
TITLE	CTD	<input type="checkbox"/> DELETE
NAME	BASS, WANETA	
STREET ADDRESS	2016 TOBACCO ROAD	
CITY-ST-ZIP	HAVANA FL	
TITLE	CTD	<input type="checkbox"/> DELETE
NAME	STILLWELL, BETHALINN	
STREET ADDRESS	2018 TOBACCO ROAD	
CITY-ST-ZIP	HAVANA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jeanne Hull	
1.3 STREET ADDRESS	2005 Tobacco Rd.	
1.4 CITY-ST-ZIP	Havana, FL, 32333	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Man Joe Ward	
2.3 STREET ADDRESS	2203 Dutch Master Dr.	
2.4 CITY-ST-ZIP	Havana FL, 32333	
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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Waneta Bass* 850-939-1668
 _____ Date _____ Daytime Phone # 1-28-99

CR2E037 (1/98)