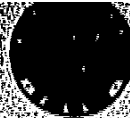


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF REVENUE
Division of Corporations
Secretary of State

FILED

95 APR 17 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41707 (3)

1. Corporation Name
HUMMINGBIRD HAMMOCK CONDOMINIUM ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**PEPPERTREE DR PO BOX 8126
FT. MYERS FL 33908 FT. MYERS FL 33908
US US**

3. Date Incorporated or Qualified **01/16/1991** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0311980** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ADAMS, JOSEPH E. ESQ
% BECKER & POLIAKOFF, PA
13515 BELL TOWER DR., STE 101
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSSMAN, ROBER	12 NAME	
STREET ADDRESS	5472 PEPPERTREE DR	13 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	14 CITY - ST - ZIP	
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERWIN, ANN	22 NAME	SD. KOEHE, Raymond
STREET ADDRESS	5042 PEPPERTREE DR	23 STREET ADDRESS	PO Box 08097
CITY - ST - ZIP	FT MYERS FL	24 CITY - ST - ZIP	Fort Myers FL 33908
TITLE	TD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEART, DORIS E	32 NAME	TD Peart, George
STREET ADDRESS	5452 PEPPERTREE DR	33 STREET ADDRESS	5452 Peppertree DR
CITY - ST - ZIP	FT MYERS FL	34 CITY - ST - ZIP	Fort Myers FL 33908
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: **Ray Kothe**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type Name)