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Secretary of State

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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 # N41707

1. Corporation Name
HUMMINGBIRD HAMMOCK CONDOMINIUM ASSOCIATION, INC

100832-80040-10

Principal Place of Business PEPPERTREE DR FT. MYERS FL 33908 US	Mailing Address PO BOX 8126 FT. MYERS FL 33908 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/16/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0311980
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

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	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	PEART, GEORGE	
STREET ADDRESS	5452 PEPPERTREE DR	
CITY-ST-ZIP	FORTMYERS FL 33908	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MURRAY, BARBARA	
STREET ADDRESS	5440 PEPPERTREE DL	
CITY-ST-ZIP	FORTMYERS FL 33908	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WUKSIBM NAE BEKKE	
STREET ADDRESS	5450 PETPPERTREE DR	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Doris Peart	
1.3 STREET ADDRESS	5452 Peppertree Dr	
1.4 CITY-ST-ZIP	Fort Myers FL 33908	
2.1 TITLE	P. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Barbara Murray	
2.3 STREET ADDRESS	5440 Peppertree Dr	
2.4 CITY-ST-ZIP	Fort Myers FL 33908	
3.1 TITLE	S.T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARY LOU LISOLA	
3.3 STREET ADDRESS	5450 Peppertree Dr	
3.4 CITY-ST-ZIP	Fort Myers, FL 33908	
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 in an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Murray
SIGNATURE REQUIRED

Date: 1-11-99
 Daytime Phone #: 941-489 3495

CR2E037 (11/98)