

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44199** (0)
1. Corporation Name
HWD ASSOCIATION, INC.



Principal Place of Business: **2037 N. POINT ALEXIS TARPON SPRINGS FL 34689**
Mailing Address: **2037 N. POINT ALEXIS TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified: **06/17/1991**
3a. Date of Last Report: **03/27/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-0715528	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHOLL, DONALD E.
115 SOUTH SPRING BLVD.
TARPON SPRINGS FL**

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASIAK, LARRY	12 NAME	
STREET ADDRESS	2037 NORTH POINTE ALEXIS	13 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	14 CITY-ST-ZIP	
TITLE	STV <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, JERRY	22 NAME	
STREET ADDRESS	2031 NORTH POINTE ALEXIS	23 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, JERRY	32 NAME	
STREET ADDRESS	2031 NORTH POINTE ALEXIS	33 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNAN JOSEPH	42 NAME	
STREET ADDRESS	2035 N. POINT ALEXIS	43 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: Larry Hasiak (813) 937-2582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)