
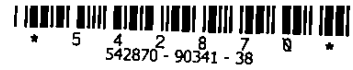


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Apr 09, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N44199 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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/17/1991
21. Suits, Apt. #, etc.	2b. Suits, Apt. #, etc.	4. FEI Number 59-0715528
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent SCHOLL, DONALD E. 115 SOUTH SPRING BLVD. TARPON SPRINGS FL		10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code	
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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 of 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Director, Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASIAK, LARRY	1.2 NAME	James Minci
STREET ADDRESS	2037 NORTH POINTE ALEXIS	1.3 STREET ADDRESS	2039 North Pointe Alexis Dr.
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	STV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary, Treasurer, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, JERRY	2.2 NAME	Mike Gubert
STREET ADDRESS	2031 NORTH POINTE ALEXIS	2.3 STREET ADDRESS	2033 N. Pointe Alexis Dr.
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, JERRY	3.2 NAME	James Minci
STREET ADDRESS	2031 NORTH POINTE ALEXIS	3.3 STREET ADDRESS	2039 North Pointe Alexis
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	Tarpon Springs FL 34689
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNAN JOSEPH	4.2 NAME	Mike Gubert
STREET ADDRESS	2035 N. POINT ALEXIS	4.3 STREET ADDRESS	2033 North Pointe Alexis
CITY-ST-ZIP	TARPON SPRINGS FL 34689	4.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Mike Gubert
STREET ADDRESS		5.3 STREET ADDRESS	2033 N. Pointe Alexis
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	James Minci
STREET ADDRESS		6.3 STREET ADDRESS	2039 North Pointe Alexis
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tarpon Springs, FL 34689

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] 4/6/99 (72) 937-2582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CROF037 (4/99)