

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46485 (1)
 1. Corporation Name
Robert L. Hahn Foundation, Inc.

Principal Place of Business 2800 Casey Key Road Nokomis, FL 34275	Mailing Address 2800 Casey Key Road Nokomis, FL 34275
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3. Date Incorporated or Qualified
12/20/1991

4. FEI Number 59-3100586	Applied For Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt #, etc. 22	Suite, Apt #, etc. 26
City & State 23	City & State 27
Zip 24	Country 25
	Zip 29
	Country 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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**Hahn, Robert L.
 2800 Casey Key Road
 Nokomis, FL 34275**

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 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hahn, Robert L.	1.2 NAME	
STREET ADDRESS	2800 Casey Key Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	Nokomis, FL 34275	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Collins, William H.	2.2 NAME	
STREET ADDRESS	2805 Casey Key Road	2.3 STREET ADDRESS	
CITY-ST-ZIP	Nokomis, FL 34275	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lieberman, Erik R.	3.2 NAME	
STREET ADDRESS	227 Nokomis Ave. S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Venice, FL 34285	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goldman, Bruce	4.2 NAME	
STREET ADDRESS	101 Eisenhower Pkwy.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Roseland, NJ	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradenburg, Vicki F.	5.2 NAME	
STREET ADDRESS	1960 Landings Blvd.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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.

SIGNATURE: _____ DIRECTOR 5/15/98 941-966-6645
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (10/97)