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Jun 25 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 # N95000001902 (4)

1. Corporation Name

TARPON TRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 578
TARPON SPRINGS FL 34688

P.O. BOX 578
TARPON SPRINGS FL 34688



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASSERMAN, MARK J
1773 BIARRITZ CIRCLE
TARPON SPRINGS FL 34689

81 Name

NELIDA AGOSTO

82 Street Address (P.O. Box Number is Not Acceptable)

1702 CAPRI LANE

83

84 City

TARPON SPRINGS

FL

85 Zip Code

34689

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

[Signature]
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/25/98
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFITH, R. SCOTT	
STREET ADDRESS	4014 GUNN HIGHWAY, STE 250	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, CHRISTOPHER P	
STREET ADDRESS	4014 GUNN HIGHWAY, STE 250	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, STEPHEN M	
STREET ADDRESS	4014 GUNN HIGHWAY, STE 250	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NELIDA AGOSTO	
1.3 STREET ADDRESS	1702 CAPRI LANE	
1.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

2.1 TITLE	SECRETARY SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARBARA SHANNON	
2.3 STREET ADDRESS	1789 BIARRITZ CIRCLE	
2.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

3.1 TITLE	TREASURER TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOSEPH SAMMARTINO II	
3.3 STREET ADDRESS	1731 CAPRI LANE	
3.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

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 on an attachment with an address.

CR2E037 (10/97)