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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000005427 (8)
1. Corporation Name
HOUSING AUTHORITY OF TARPON SPRINGS ELDERLY/HAND ICAPPED TENANTS ASSOCIATION, INC.



Principal Place of Business: 500 SOUTH WALTON AVE. TARPON SPRINGS FL 34689
Mailing Address: 500 SOUTH WALTON AVE. TARPON SPRINGS FL 34689-4712

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. City & State
23. Zip
24. Country

3. Date Incorporated or Qualified: 11/13/1995
3a. Date of Last Report: 04/19/1996
4. FEI Number: 59-3347994
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
VAPORIS, REV. ELIA-JOHN E
500 SOUTH WALTON AVE.
APT 22
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 574 WALTON VILLAGE WAY
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: *Elia John E. Vaporis*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAPORIS, ELIA-JOHN E	1.2 NAME	
STREET ADDRESS	500 S. WALTON AVE #22	1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LENA	2.2 NAME	
STREET ADDRESS	500 S. WALTON AVE. #20	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUCAS, CONSTANTINE	3.2 NAME	
STREET ADDRESS	500 S. WALTON AVE. #14	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEROKIOUS, VICTORIA	4.2 NAME	
STREET ADDRESS	500 S. WALTON AVE. #30	4.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZUREK, WILLIAM	5.2 NAME	
STREET ADDRESS	500 S. WALTON AVE #8	5.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SMITH, LENA
500 S. WALTON AVE, #20
TARPON SPRINGS, FL 34689

OTTO LECROY
500 S. WALTON AVE. #
TARPON SPRINGS, FL. 34689

14. I do hereby certify that the information supplied with this filing does not qualify for the information 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: *Elia John E. Vaporis* April 29, 1997

CR2E037 (9/96)