

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
 Oct 08 1998 8:00am
 Secretary of State

540000

DOCUMENT # N96000004485 (6)

1. Corporation Name

HOWARD COURT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1620 6TH STREET
 SARASOTA FL 34236

1620 6TH STREET
 SARASOTA FL 34236

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

29

9. Name and Address of Current Registered Agent

ROTEN, REX A
 46 N. WASHINGTON BLVD., #1
 SARASOTA FL 34236

81 Name MATT A SPERLING
 82 Street Address (P.O. Box Number is Not Acceptable) 5104 WINDWARD AVE
 83
 84 City SARASOTA FL 85 Zip Code 34236

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. Each 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 617.0803, Florida Statutes.

SIGNATURE

Signature of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

9/13/98

12. OFFICERS AND DIRECTORS

TITLE	PDST	<input checked="" type="checkbox"/> DELETE
NAME	CONWAY, CYNTHIA L	
STREET ADDRESS	1620 6TH STREET	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CONWAY, JACK T	
STREET ADDRESS	1620 6TH STREET	
CITY-STATE-ZIP	SARASOTA FL 34236	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MRSTIK, DOUGLAS M	
STREET ADDRESS	1620 6TH STREET	
CITY-STATE-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RONNICK DAVID	
1.3 STREET ADDRESS	508 HOWARD COURT	
1.4 CITY-STATE-ZIP	SARASOTA FL 34236	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bob Briggs	
2.3 STREET ADDRESS	510 HOWARD CT.	
2.4 CITY-STATE-ZIP	SARASOTA FL 34236	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOLLAND LINDA	
3.3 STREET ADDRESS	617 GILLESPIE AVE	
3.4 CITY-STATE-ZIP	SARASOTA FL 34236	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/98

941 955 6111

Date

Daytime Phone #

CR2E037 (5/98)