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May 01, 1999 8:00 am
Secretary of State

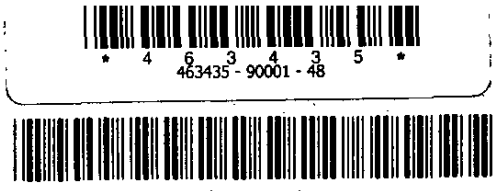
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003747

1. Corporation Name
723 HOMEOWNERS ASSOCIATION AT STRAWBERRY RIDGE, INC.



Principal Place of Business 207 TAHO CIRCLE VALRICO FL 33594	Mailing Address 207 TAHO CIRCLE VALRICO FL 33594
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3458778
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LEWIS, LEE L 207 TAHO CIRCLE VALRICO FL 33594	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 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 _____ 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 D NAME BLUNK, RUTH STREET ADDRESS 134 PIONEER LANE CITY-ST-ZIP VALRICO FL 33594	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME DAVID GORECKI 1.3 STREET ADDRESS 304 TAHO CIRCLE 1.4 CITY-ST-ZIP VALRICO, FL. 33594	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME JANCO, CARRIE R STREET ADDRESS 3508 BERRY BEND RD CITY-ST-ZIP VALRICO FL 33594	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME LEE LEWIS 2.3 STREET ADDRESS 207 TAHO CIRCLE 2.4 CITY-ST-ZIP VALRICO, FL. 33594	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME VIEN, IRENE D STREET ADDRESS 128 SKY RIDGE DRIVE CITY-ST-ZIP VALRICO FL 33594	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME ROSE MARIE RANSELL 3.3 STREET ADDRESS 125 STRAWBERRY RIDGE BLVD. 3.4 CITY-ST-ZIP VALRICO, FL. 33594	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME LANKITUS, JOYCE H STREET ADDRESS 212 TAHO CIRCLE CITY-ST-ZIP VALRICO FL 33594	<input type="checkbox"/> DELETE	4.1 TITLE TREASURER 4.2 NAME WALTER T. SAUNDERS 4.3 STREET ADDRESS 3519 ACTIVITIES LANE 4.4 CITY-ST-ZIP VALRICO, FL. 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME TITUS, ELWOOD C STREET ADDRESS 3506 WILDBERRY WAY CITY-ST-ZIP VALRICO FL 33594	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Walter T. Saunders **WALTER T. SAUNDERS** 4-26-99 (813)654-1665
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)