

FILE NOW: FILING FEE IS \$61.25

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Feb 26 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 # **N97000003970 (7)**

1. Corporation Name

FISHHAWK RANCH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
15310 AMBERLY DRIVE SUITE 310 TAMPA FL 33647	15310 AMBERLY DRIVE SUITE 310 TAMPA FL 33647

3. Date Incorporated or Qualified

07/11/1997

4. FEI Number

59-3478166

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

10. Name and Address of New Registered Agent

**WHYTE, W D
15310 AMBERLY DRIVE
SUITE 310
TAMPA FL 33647**

81 Name	DARREN K. SHAW C/O STERLING MGT.
82 Street Address (P.O. Box Number is Not Acceptable)	1301 SEMINOLE BLVD SUITE 172
83 City	LARGO
84 State	FL
85 Zip Code	33770

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/98

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	PD WHYTE, W D
STREET ADDRESS	15310 AMBERLY DRIVE SUITE 310
CITY-ST-ZIP	TAMPA FL 33647
TITLE	☐ DELETE
NAME	STDV SMITH, KEVIN
STREET ADDRESS	15310 AMBERLY DRIVE SUITE 310
CITY-ST-ZIP	TAMPA FL 33647
TITLE	☐ DELETE
NAME	D SMUDER, JOYCE A
STREET ADDRESS	15310 AMBERLY DRIVE SUITE 310
CITY-ST-ZIP	TAMPA FL 33647
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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.

SIGNATURE:

KEVIN SMITH

1/12/98 (83)559-0400

CR2E037 (1097)