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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003970

1. Corporation Name

FISHHAWK RANCH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

15310 AMBERLY DRIVE
SUITE 310
TAMPA FL 33647

Mailing Address

15310 AMBERLY DRIVE
SUITE 310
TAMPA FL 33647



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/11/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3478166

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DARDEN K SHAW
% STERLING MGT
1301 SEMINOLE BLVD #172
LARGO FL 33770**

81 Name **Sean Galaris c/o Sterling Management**

82 Street Address (P.O. Box Number is Not Acceptable)
1301 Seminole Blvd. Suite 172

83

84 City **Largo** **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 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)

2.23.99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **WHYTE, W D**
STREET ADDRESS **15310 AMBERLY DRIVE SUITE 310**
CITY-ST-ZIP **TAMPA FL 33647**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **STDV** ☐ DELETE
NAME **SMITH, KEVIN**
STREET ADDRESS **15310 AMBERLY DRIVE SUITE 310**
CITY-ST-ZIP **TAMPA FL 33647**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **SMUDER, JOYCE**
STREET ADDRESS **15310 AMBERLY DRIVE SUITE 310**
CITY-ST-ZIP **TAMPA FL 33647**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Lorena Donaldson**
3.3 STREET ADDRESS **15310 Amberly Drive, Suite 310**
3.4 CITY-ST-ZIP **Tampa, Florida 33647**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.23.99

DATE

727 859 0400

Daytime Phone #

CR2E037 (11/98)