


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90011 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000002471					
1. Corporation Name CASA BLANCA TOWNHOMES OF HILLSBOROUGH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 602 SOUTH BLVD. TAMPA FL 33606			Mailing Address 602 SOUTH BLVD. TAMPA FL 33606		



2. Principal Place of Business 21 101 E. Kennedy Blvd Suite, Apt. #, etc. 22 2000 City & State 23 TAMPA, FL Zip 24 33602 Country 25		2a. Mailing Address 26 101 E. Kennedy Blvd Suite, Apt. #, etc. 27 2000 City & State 28 TAMPA, FL Zip 29 33602 Country 30		3. Date Incorporated or Qualified 04/28/1998	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent HICKS, HENRY 602 SOUTH BLVD. TAMPA FL 33606				10. Name and Address of New Registered Agent 81 Name Scott P. Weber 82 Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Blvd 83 Suite 2000 84 City TAMPA FL 85 Zip Code 33602			
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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 Scott P. Weber Scott P. Weber Director DATE 9/9/99
Signature, type 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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUM, JOHN			1.2 NAME	Scott P. Weber		
STREET ADDRESS	3705 S. MACDILL AVE.			1.3 STREET ADDRESS	1011 W. Horatio St. # B		
CITY-ST-ZIP	TAMPA FL 33611			1.4 CITY-ST-ZIP	TAMPA FL 33606		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Samie Prockop	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYWARD, W.A.			2.2 NAME	1013 W. Horatio St. # B		
STREET ADDRESS	3705 S. MACDILL AVE.			2.3 STREET ADDRESS	TAMPA FL 33606		
CITY-ST-ZIP	TAMPA FL 33611			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	David Wood	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GULUZIAN, ARAM			3.2 NAME	1013 W. Horatio St. # D		
STREET ADDRESS	3705 S. MACDILL AVE.			3.3 STREET ADDRESS	TAMPA FL 33606		
CITY-ST-ZIP	TAMPA FL 33611			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: SCOTT P. WEBER DATE 9/9/99 DAYTIME PHONE # (813) 229-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)