

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90216 036 ****61.25

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

DOCUMENT # N98000003003

1. Corporation Name

JOHN'S PARKWAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3118 JOHN'S PKWY
 CLEARWATER FL 33759-4408

Mailing Address

3118 JOHN'S PKWY
 CLEARWATER FL 33759-4408



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/22/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 3127 John's Parkway	27 3127 John's Parkway	Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Clearwater, FLORIDA	28 Clearwater, FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip Country	Zip Country	
24 33759 25 U.S.A.	29 33759 30 U.S.A.	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARDESTY, ROBERTA 3143 JOHN'S PKWY CLEARWATER FL 33759-4408	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Erik Williams	1.2 NAME	Lou Ange
STREET ADDRESS	3118 John's Parkway	1.3 STREET ADDRESS	3127 John's Parkway
CITY-ST-ZIP	Clearwater, FLORIDA 33759	1.4 CITY-ST-ZIP	Clearwater, FLORIDA 33759
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lou Ange	2.2 NAME	Douglas Lasner
STREET ADDRESS	3127 John's Parkway	2.3 STREET ADDRESS	3115 John's Parkway
CITY-ST-ZIP	Clearwater, FLORIDA 33759	2.4 CITY-ST-ZIP	Clearwater, FLORIDA 33759
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberta Hardesty	3.2 NAME	Roberta Hardesty
STREET ADDRESS	3143 John's Parkway	3.3 STREET ADDRESS	3143 John's Parkway
CITY-ST-ZIP	Clearwater, FLORIDA 33759	3.4 CITY-ST-ZIP	Clearwater, FLORIDA 33759
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frances Williams	4.2 NAME	Regan Mazza
STREET ADDRESS	3118 John's Parkway	4.3 STREET ADDRESS	3118 John's Parkway
CITY-ST-ZIP	Clearwater, FLORIDA 33759	4.4 CITY-ST-ZIP	Clearwater, FLORIDA 33759
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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberta Hardesty **REQUIRED** Date: 4-23-99 (727) 797-7664

CR2E037 (1/98)