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Apr 09 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 # 766483 (2)

1. Corporation Name
LONG HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 24700 HWY 60 E P O BOX 30026 RIVER RANCH FL 33867	Mailing Address 24700 HWY 60 E P O BOX 30026 RIVER RANCH FL 33867
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3. Date Incorporated or Qualified 01/11/1983
4. FEI Number 59-2591004
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 c/o Barbara H. Smith, CPA
22 City & State	27 P.O. Box 985
23 Zip	28 Frostproof, FL
24 Country	29 33843
	30 U.S.A.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GALLOWAY, ALBERT C JR
225 E PARK AVENUE
LAKE WALES FL 33859

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

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HODGE, WILLIAM	
STREET ADDRESS	ROAN RD. LOT #92	
CITY-ST-ZIP	RIVER RANCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CIMNO, HELEN	
STREET ADDRESS	ROAN RD. LOT #86	
CITY-ST-ZIP	RIVER RANCH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SPANGLER, BOYD	
STREET ADDRESS	PALOMINO PATH, LOT 41	
CITY-ST-ZIP	RIVER RANCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRANCISCO, LOUISE	
STREET ADDRESS	ROAN RD. LOT #87	
CITY-ST-ZIP	RIVER RANCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEBERT, GENE	
STREET ADDRESS	LONG HAMMOCK DR LOT #101	
CITY-ST-ZIP	RIVER RANCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WALTER CRAWFORD	
1.3 STREET ADDRESS	EAST APPALOOSA TRAIL, LOT #117	
1.4 CITY-ST-ZIP	RIVER RANCH, FL 33867	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PAUL DUNAWAY	
3.3 STREET ADDRESS	LONG HAMMOCK DRIVE, LOT #11	
3.4 CITY-ST-ZIP	RIVER RANCH, FL 33867	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WALTER NELSON JOHNSON	
5.3 STREET ADDRESS	ROAD RD, LOT #73	
5.4 CITY-ST-ZIP	RIVER RANCH, FL 33867	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Louise Francisco Secretary* 4-1-98 941-692-1091

CR2E037 (10/97)