

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:38

DOCUMENT # 763709 (3)

1. Corporation Name

HERNANDO BEACH UNIT 13-B PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

HERNANDO BEACH SOUTH
PO BOX 3023
SPRING HILL FL 34606

HERNANDO BEACH SOUTH
PO BOX 3023
SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/16/1982

3a. Date of Last Report
04/29/1994

4. FBI Number
59-0692773

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$0.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARD SQUIRE
3335 BLUEFISH DR
SPRING HILL FL 34607

81 Name
PRISCILLA BRANDS

82 Street Address (P.O. Box Number is Not Acceptable)
3472 JEWFISH DR

83

84 City
SPRING HILL

FL

85 Zip Code
34607

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Priscilla M Brands

3/25/95

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME JIM TOMLINSON
STREET ADDRESS 4066 AMBERJACK DR
CITY-ST-ZIP SPRING HILL FL 34607

11 TITLE P ☒ Change ☐ Addition
12 NAME JOHN LESZEWSKI
13 STREET ADDRESS 3408 TRIGGERFISH DR
14 CITY-ST-ZIP SPRING HILL, FL 34607

TITLE V
NAME BENEDICK FERNANDEZ
STREET ADDRESS 4065 JEWFISH DR
CITY-ST-ZIP SPRING HILL FL 34607

21 TITLE V ☒ Change ☐ Addition
22 NAME PATRICIA LESZEWSKI
23 STREET ADDRESS 3408 TRIGGERFISH DR
24 CITY-ST-ZIP SPRING HILL, FL 34607

TITLE T
NAME EDWARD SQUIRE
STREET ADDRESS 3335 BLUEFISH DR.
CITY-ST-ZIP SPRING HILL FL 34607

31 TITLE T ☒ Change ☐ Addition
32 NAME PRISCILLA M. BRANDS
33 STREET ADDRESS 3472 JEWFISH DR.
34 CITY-ST-ZIP SPRING HILL, FL 34607

TITLE S
NAME DOROTHY SZATKOWSKI
STREET ADDRESS 3504 CROAKER DR
CITY-ST-ZIP SPRING HILL FL 34607

41 TITLE S ☒ Change ☐ Addition
42 NAME SUE GENE JESSEN
43 STREET ADDRESS 4018 CROAKER DR.
44 CITY-ST-ZIP SPRING HILL, FL 34607

TITLE D
NAME JAY FOSTER
STREET ADDRESS 3519 AMBERJACK DR
CITY-ST-ZIP SPRING HILL FL 34607

51 TITLE D ☒ Change ☐ Addition
52 NAME ROBERT FLEWELLING
53 STREET ADDRESS 3416 PALOMETA DR
54 CITY-ST-ZIP SPRING HILL, FL 34607

TITLE D
NAME HENRY KARN
STREET ADDRESS 4057 COBIA DR
CITY-ST-ZIP SPRING HILL FL 34607

61 TITLE D ☒ Change ☐ Addition
62 NAME CLYDE ASHWORTH
63 STREET ADDRESS 3519 JEWFISH DR
64 CITY-ST-ZIP SPRING HILL, FL 34607

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(k), 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:

Priscilla M Brands

PRISCILLA M. BRANDS

3/25/95

904-688-9886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number