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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48075 (8)
1. Corporation Name
HERNANDO HILLS HLITES, INC.



Principal Place of Business 12387 SEAGATE ST SPRING HILL FL 34609 US	Mailing Address 12387 SEAGATE ST SPRING HILL FL 34609-1352 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/27/1992	3a. Date of Last Report 04/17/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3023125	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HAHN, GAIL 12387 SEAGATE ST SPRING HILL FL 34609		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLEY, GENEVIEVE	1.2 NAME	St. Hilaire, Laurie
STREET ADDRESS	2099 FINLAND DR	1.3 STREET ADDRESS	1774 Larkin
CITY - ST - ZIP	SPRING HILL FL	1.4 CITY - ST - ZIP	Spring Hill, FL 34608
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMI, TESSIE	2.2 NAME	
STREET ADDRESS	13174 HAZELCREST	2.3 STREET ADDRESS	
CITY - ST - ZIP	SPRING HILL FL	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. HILLAIRE, JEANNE	3.2 NAME	St. Hilaire, Jeanne
STREET ADDRESS	1774 LARKIN	3.3 STREET ADDRESS	1774 Larkin
CITY - ST - ZIP	SPRING HILL FL	3.4 CITY - ST - ZIP	Spring Hill, FL 34608
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAHLER, CECILIA	4.2 NAME	
STREET ADDRESS	10434 BEDFORD RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	SPRING HILL FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINHAEUER, RITA	5.2 NAME	King, Melanie
STREET ADDRESS	5287 FROST ROAD	5.3 STREET ADDRESS	2151 Deltona
CITY - ST - ZIP	SPRING HILL FL	5.4 CITY - ST - ZIP	Spring Hill, FL 34606
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGAN, MARJORIE	6.2 NAME	Martinez, Norma
STREET ADDRESS	18202 LONG LAKE DR	6.3 STREET ADDRESS	13169 Hazelcrest St.
CITY - ST - ZIP	HUDSON FL	6.4 CITY - ST - ZIP	Spring Hill, FL 34609

14. I do 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: Laurie St. Hilaire *Laurie St. Hilaire* 3/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066515

CR2E037 (9/96)