

FILE NOW: FILING FEE IS \$61.25

FILED
May 01 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 # 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 US
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3. Date Incorporated or Qualified
03/27/1992

4. FEI Number
59-3023125

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HAIN, GAIL
12387 SEAGATE ST
SPRING HILL FL 34609**

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ST. HILAIRE, LAURIE	
STREET ADDRESS	1774 LARKIN	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ABRAMI, TESSIE	
STREET ADDRESS	13174 HAZELCREST	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ST. HILAIRE, JEANNE	
STREET ADDRESS	1774 LARKIN	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WAHLER, CECILIA	
STREET ADDRESS	10434 BEDFORD RD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, MELANIE	
STREET ADDRESS	2151 DELTONA	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTINEZ, NORMA	
STREET ADDRESS	13100 HAZELCREST ST	
CITY-ST-ZIP	SPRING HILL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Zack, Jeannine	
1.3 STREET ADDRESS	9148 Geneva St.	
1.4 CITY-ST-ZIP	Spring Hill, FL 34608	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hanley, Genevieve	
3.3 STREET ADDRESS	2099 Finland Dr.	
3.4 CITY-ST-ZIP	Spring Hill, FL 34609	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: _____ *Tessie Abrami 4/23/98*

CR2E037 (10/97)