

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90275 004 ****61.25

DOCUMENT # N48075

1. Entity Name
HERNANDO HILLS HI-LITES, INC.



Principal Place of Business
**12473 GROVELAND ST
SPRING HILL, FL 34609 US**

Mailing Address
**12473 GROVELAND ST.
SPRING HILL, FL 34609 US**

14001697



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03312005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3023125

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**LONG, LINDA R
12473 GROVELAND RD
SPRING HILL, FL 34609**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **LONG, LINDA**
STREET ADDRESS **12473 GROVELAND**
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **VD** ☐ Delete
NAME **ABRAMI, TESSIE**
STREET ADDRESS **2151 DELTONA BLVD**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **TD** ☒ Delete
NAME **HILAIRE, JEANNE ST**
STREET ADDRESS **1774 LARKIN RD**
CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **PD** ☒ Delete
NAME **ST. HILAIRE, LAURIE**
STREET ADDRESS **1774 LARKIN RD**
CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **D** ☐ Delete
NAME **ZACK, JEANNINE**
STREET ADDRESS **9148 GENEVA ST.**
CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **D** ☒ Delete
NAME **JARRETT, ROZ**
STREET ADDRESS **9203 LINGROVE RD**
CITY-ST-ZIP **WEEKI WACHEE, FL 34613**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **SOLEAU, DOROTHY**
STREET ADDRESS **1194 HALLCREST AVENUE**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **PD** ☐ Change ☒ Addition
NAME **CHARLES, REGINA**
STREET ADDRESS **4287 MONTANA AVENUE**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **9567 HORIZON DR
SPRING HILL FL 34608**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda R. Long **LINDA R. LONG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-1-05

Daytime Phone #