

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90302 039 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3023125	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LONG, LINDA R 12473 GROVELAND RD SPRING HILL, FL 34609				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <i>Linda R. Long</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>LINDA R. LONG</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<i>4-3-06</i> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONG, LINDA		NAME		
STREET ADDRESS	12473 GROVELAND		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABRAMI, TESSIE		NAME		
STREET ADDRESS	2151 DELTONA BLVD		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP		
TITLE	SD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOLEAU, DOROTHY		NAME		
STREET ADDRESS	1194 HALLCREST AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34608		CITY-ST-ZIP		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHARLES, REGINA		NAME		
STREET ADDRESS	4287 MONTANO AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZACK, JEANNINE		NAME		
STREET ADDRESS	9567 HORIZO DR		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34608		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Linda R. Long</i>		<i>LINDA R. LONG</i>		<i>4-3-06</i> <i>352-344-8042</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	