

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90040 014 \*\*\*\*70.00



**DOCUMENT # N97000004960**  
 1. Entity Name  
**HERNANDO COMPUTER CLUB, INC.**

Principal Place of Business: **13400 MONTOUR ST, SPRING HILL FL 34606**  
 Mailing Address: **POST OFFICE BOX 6392, SPRING HILL FL 34611-6392**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

City & State

Zip Country



1st MOORE CR2E037 (10/06)

4. FEI Number: **59-3483756** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent  
**LUBERTOWICZ, JOHN**  
**7221 ALOE DRIVE**  
**SPRING HILL FL 34607**

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 re-registering) DATE

**FILE NOW: FEE IS \$61.25 Due By May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: LUBERTOWICZ, JOHN STREET ADDRESS: 7221 ALOE DRIVE CITY-ST-ZIP: SPRING HILL FL 34607	<input type="checkbox"/> Delete	TITLE: S/D NAME: LUBERTOWICZ, JOHN STREET ADDRESS: 7221 ALOE DRIVE CITY-ST-ZIP: SPRING HILL, FL 34607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: STEINBERGER, WOLFGANG STREET ADDRESS: 12321 SADDLE WAY CITY-ST-ZIP: BROOKSVILLE FL 34614	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: PURKHISER, RON STREET ADDRESS: 2051 FENTRESS CT CITY-ST-ZIP: SPRING HILL, FL 34609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: QUAST, JOAN STREET ADDRESS: 9668 SCEPTER AVE CITY-ST-ZIP: BROOKSVILLE FL 34613	<input checked="" type="checkbox"/> Delete	TITLE: VP/D NAME: LUTZ, PAUL STREET ADDRESS: 9208 ELDRIDGE RD CITY-ST-ZIP: SPRING HILL, FL 34608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: BACKEY, LORRAINE STREET ADDRESS: 5571 BAFFIN CIR CITY-ST-ZIP: SPRING HILL FL 34606	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: KARSLAKE, DON STREET ADDRESS: 93442 BOBOLINK AVE CITY-ST-ZIP: WEEKI WACHEE FL 34613	<input type="checkbox"/> Delete	TITLE: P/D NAME: KARSLAKE, DON STREET ADDRESS: 9342 BOBOLINK AVE CITY-ST-ZIP: WEEKI WACHEE, FL 34613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SYMONDS, VICTOR STREET ADDRESS: 9340 CREOLE CT CITY-ST-ZIP: BROOKSVILLE FL 34613	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: HAAG, BRIGITTE STREET ADDRESS: 3464 PALOMETA DRIVE CITY-ST-ZIP: HERNANDO BEACH, FL 34607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John Lubertowicz* 1/26/07 352-596-4802  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Jaylene Phares \*