FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:11

DOCUMENT # 746856 (4)

1. Corporation Name
HERNANDO BUILDERS ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
7391 SUNSHINE GROVE RD. BROOKSVILLE FL 34613	7391 SUNSHINE GROVE RD. BROOKSVILLE FL 34613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1979
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1896342 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BECKWITH,NITA H.
EXECUTIVE DIRECTOR
7391 SUNSHINE GROVE ROAD
BROOKSVILLE FL 34613-4821

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 34613-4821

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	~~SZAFRAN,, PENNY F~~	1.2 NAME	Nicoletti, Scott	
STREET ADDRESS	~~13753 E. LINDEN DR STE C~~	1.3 STREET ADDRESS	9183 Spring Hill Drive	
CITY-ST-ZIP	~~SPG HILL FL 34609~~	1.4 CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	~~VD~~	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	~~NICOLETTI,, SCOTT~~	2.2 NAME	Carpenter, Gregory	
STREET ADDRESS	~~P.O. BOX 9211 N/A~~	2.3 STREET ADDRESS	12523 Spring Hill Drive, Unit B	
CITY-ST-ZIP	~~SPG HILL FL 34606~~	2.4 CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE	~~VD~~	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	~~CILFFORD, JOHN~~	3.2 NAME	Edwards, Lynne	
STREET ADDRESS	~~P.O. BOX 250 N/A~~	3.3 STREET ADDRESS	4409 Union Springs Road	
CITY-ST-ZIP	~~ODESSA FL 33556-9311~~	3.4 CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	~~TD~~	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	~~HUDSON, LARRY~~	4.2 NAME	Latoria, Daniel	
STREET ADDRESS	~~2308 FAIRSKIES DR~~	4.3 STREET ADDRESS	12543 Spring Hill Drive	
CITY-ST-ZIP	~~SPRING HILL FL 34606~~	4.4 CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE	~~SD~~	5.1 TITLE	S/D	☒ Change ☐ Addition
NAME	~~LATORIA, DANIEL~~	5.2 NAME	Eaton, Robert	
STREET ADDRESS	~~12543 SPRING HILL DR~~	5.3 STREET ADDRESS	4530 Commercial Way	
CITY-ST-ZIP	~~SPG HILL FL~~	5.4 CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is complete and 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott Nicoletti 02/07/95 (904) 688-9836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068014