

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746856 (4)
1. Corporation Name
HERNANDO BUILDERS ASSOCIATION, INCORPORATED



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

Mailing Address
**7391 SUNSHINE GROVE RD.
BROOKSVILLE FL 34613**

3. Date Incorporated or Qualified
04/23/1979

3a. Date of Last Report
02/20/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip **25** Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip **29** Country **30**

9. Name and Address of Current Registered Agent

**BECKWITH, NITA H.
EXECUTIVE DIRECTOR
7391 SUNSHINE GROVE ROAD
BROOKSVILLE FL 34613-1821**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	-VD-	<input type="checkbox"/> DELETE
NAME	-CARPENTER, GREGORY -	
STREET ADDRESS	-12523 SPRING HILL DRIVE, UNIT-B	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	PB	<input type="checkbox"/> DELETE
NAME	NICOLETTI, SCOTT-	
STREET ADDRESS	9183 SPRING HILL DRIVE	
CITY-ST-ZIP	SPG HILL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EDWARDS, LYNNE	
STREET ADDRESS	4400 UNION SPRINGS ROAD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EATON, ROBERT -	
STREET ADDRESS	4530 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	ID	<input type="checkbox"/> DELETE
NAME	LATORIA, DANIEL	
STREET ADDRESS	12543 SPRING HILL DR	
CITY-ST-ZIP	SPG HILL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carpenter, Gregory	
1.3 STREET ADDRESS	13004 Hanley Drive	
1.4 CITY-ST-ZIP	Spring Hill, FL 34609-1141	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Eaton, Robert	
2.3 STREET ADDRESS	4530 Commercial Way	
2.4 CITY-ST-ZIP	Spring Hill, FL 34606	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Desentz, Jerry	
3.3 STREET ADDRESS	1170 Mariner Boulevard	
3.4 CITY-ST-ZIP	Spring Hill, FL 34609	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Pastore, Joseph	
4.3 STREET ADDRESS	11671 Linden Drive	
4.4 CITY-ST-ZIP	Spring Hill, FL 34608	
5.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Carroll, Thomas	
5.3 STREET ADDRESS	6332 Mariner Boulevard	
5.4 CITY-ST-ZIP	Spring Hill, FL 34609	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

Gregory E. Carpenter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory Carpenter

02/14/96

(352) 688-2046

Date

Daytime Phone #

CR2E037 (12/95)