

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 34613-4821**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/23/1979</b>		3a. Date of Last Report <b>03/04/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1896342</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD- CARPENTER, GREGORY- 19804 HANLEY DRIVE-- SPRING HILL FL-</b>	1.1 TITLE	<b>P/D Eaton, Robert</b>
NAME		1.2 NAME	<b>4530 Commercial Way</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>Spring Hill, FL 34606</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<b>VD- EATON, ROBERT- 4530 COMMERCIAL WAY-- SPRING HILL FL--</b>	2.1 TITLE	<b>V/D Pastore, Joseph</b>
NAME		2.2 NAME	<b>11671 Linden Drive</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>Spring Hill, FL 34608</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<b>VD- DESENTZ, JERRY- 1170 MARINER BLVD- SPRING HILL FL--</b>	3.1 TITLE	<b>V/D Bettors, Brian</b>
NAME		3.2 NAME	<b>16235 Aviation Loop Drive</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>Brooksville, FL 34609-6805</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<b>TD- PASTORE, JOSEPH- 11671 LINDEN DRIVE SPRING HILL FL--</b>	4.1 TITLE	<b>T/D Carroll, Thomas</b>
NAME		4.2 NAME	<b>6332 Mariner Boulevard</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Spring Hill, FL 34609</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<b>SD- CARROLL, THOMAS- 6332 MARINER BLVD- SPRING HILL FL--</b>	5.1 TITLE	<b>S/D Mazzuco, Jr., Joseph</b>
NAME		5.2 NAME	<b>10153 Cortez Boulevard</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Brooksville, FL 34613</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE:

**Robert Eaton**  
**31/14/97** (352) 597-2692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066632

CR2E037 (9/96)