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FILED
Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 04/23/1979
4. FEI Number 59-1896342
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD - <input type="checkbox"/> DELETE
NAME	EATON, ROBERT
STREET ADDRESS	4530 COMMERCIAL WAY
CITY-ST-ZIP	SPRING HILL FL
TITLE	VD - <input type="checkbox"/> DELETE
NAME	PASTORE, JOSEPH
STREET ADDRESS	11671 LINDEN DRIVE
CITY-ST-ZIP	SPRING HILL FL
TITLE	VD - <input type="checkbox"/> DELETE
NAME	BETTERS, BRIAN
STREET ADDRESS	16235 AVIATION LOOP DRIVE
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	TD - <input type="checkbox"/> DELETE
NAME	CARROLL, THOMAS
STREET ADDRESS	6932 MARINER BLVD.
CITY-ST-ZIP	SPRING HILL FL
TITLE	SD - <input type="checkbox"/> DELETE
NAME	MAZZUCO, JOSEPH J.
STREET ADDRESS	10153 CORTEZ BLVD.
CITY-ST-ZIP	BROOKSVILLE 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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pastore, Joseph
1.3 STREET ADDRESS	11671 Linden Drive
1.4 CITY-ST-ZIP	Spring Hill, FL 34608
2.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carroll, Thomas
2.3 STREET ADDRESS	6462 Mariner Boulevard
2.4 CITY-ST-ZIP	Spring Hill, FL 34609
3.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Crimi, Steven
3.3 STREET ADDRESS	P.O. Box 10298
3.4 CITY-ST-ZIP	Brooksville, FL 34601
4.1 TITLE	T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mazzuco, Joseph J.
4.3 STREET ADDRESS	10153 Cortez Boulevard
4.4 CITY-ST-ZIP	Brooksville, FL 34613
5.1 TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hill, Steven
5.3 STREET ADDRESS	31095 Cortez Boulevard
5.4 CITY-ST-ZIP	Brooksville, FL 34602
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 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: **Joseph Pastore** 01/08/98 (352) 683-5682

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