

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90172 031 \*\*\*\*61.25

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**DOCUMENT # 746856**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/23/1979

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

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 617.1504, 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, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CRIM, STEVEN -**  
STREET ADDRESS **P.O. BOX 10298 N/A**  
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☐ DELETE

NAME **PASTORE, JOSEPH -**  
STREET ADDRESS **11671 LINDEN DRIVE -**  
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ DELETE

NAME **HILL, STEVEN**  
STREET ADDRESS **31095 CORTEZ BLVD**  
CITY-ST-ZIP **BROOKSVILLE FL 34602**

TITLE ☐ DELETE

NAME **CARROLL, THOMAS**  
STREET ADDRESS **6462 MARINER BLVD**  
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ DELETE

NAME **MAZZUCO, JOSEPH J -**  
STREET ADDRESS **10153 CORTEZ BLVD**  
CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Senica, Daryl**  
1.3 STREET ADDRESS **5121 Caribbean Drive**  
1.4 CITY-ST-ZIP **Spring Hill, FL 34606**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Pastore, Joseph**  
2.3 STREET ADDRESS **11014 Monarch Street**  
2.4 CITY-ST-ZIP **Spring Hill, FL 34608**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Mazzuco, Joseph**  
3.3 STREET ADDRESS **10153 Cortez Boulevard**  
3.4 CITY-ST-ZIP **Brooksville, FL 34613**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **Hill, Steven**  
4.3 STREET ADDRESS **31095 Cortez Boulevard**  
4.4 CITY-ST-ZIP **Brooksville, FL 34602**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **Glover, Stuart**  
5.3 STREET ADDRESS **8245 River Country Drive**  
5.4 CITY-ST-ZIP **Spring Hill, FL 34607-2137**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**JOSEPH J. MAZZUCO**

01/15/99

(352) 683-5682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)