

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90069 015 \*\*\*\*61.25

**DOCUMENT # 746856**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07012004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-1896342**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**EDWARDS, KELLIE  
7391 SUNSHINE GROVE ROAD  
BROOKSVILLE, FL 34613**

**7. Name and Address of New Registered Agent**

Name

**Ana P. Oliveira**

Street Address (P.O. Box Number is Not Acceptable)

**7391 Sunshine Grove Rd.**

City

**Brooksville**

**FL**

Zip Code  
**34613**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Ana P. Oliveira*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/2/04**

Filing Fee is \$61.25  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☐ Delete  
NAME **WEST, JEFFREY**  
STREET ADDRESS **19049 POWELL ROAD**  
CITY-ST-ZIP **BROOKSVILLE, FL 34604**

TITLE **PD** ☐ Delete  
NAME **MAZZUCO JR, JOSEPH**  
STREET ADDRESS **10153 CORTEZ BLVD**  
CITY-ST-ZIP **BROOKSVILLE, FL 34613**

TITLE **VP** ☐ Delete  
NAME **CARPENTER, GREGORY**  
STREET ADDRESS **P.O. BOX 6198**  
CITY-ST-ZIP **SPRING HILL, FL 34611**

TITLE **T** ☐ Delete  
NAME **STOOPS, TIMOTHY**  
STREET ADDRESS **5331 COMMERCIAL WAY**  
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **SD** ☐ Delete  
NAME **FUTRELL, JAMES**  
STREET ADDRESS **18420 POWELL RD**  
CITY-ST-ZIP **BROOKSVILLE, FL 34609**

TITLE **ED** ☒ Delete  
NAME **EDWARDS, KELLIE**  
STREET ADDRESS **12210 SUNSHINE GROVE RD**  
CITY-ST-ZIP **BROOKSVILLE, FL 34614**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Ana P. Oliveira*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-2-04**

Date

Daytime Phone #

HERNANDO BUILDERS ASSOCIATION

Florida Department of State

Attachment

00001

66429717

#746856

3/22/2004

10058

61.25

PAYMENT  
RECORD

Main

61.25

200412 (11/03)