


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # 746856 1. Entity Name HERNANDO BUILDERS ASSOCIATION, INCORPORATED	
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Principal Place of Business 7391 SUNSHINE GROVE RD. BROOKSVILLE, FL 34613	Mailing Address 7391 SUNSHINE GROVE RD. BROOKSVILLE, FL 34613
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03112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1896342	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAIA, EMILIA
7391 SUNSHINE GROVE ROAD
BROOKSVILLE, FL 34613

**DO NOT WRITE
IN THIS SPACE**

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 Emilia Raia

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ADRIAN, DOUG 7397 ALLEN DR WEEKI WACHEE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 VP HAMPTON, DUDLEY JR 34784 ORCHARD PKWY RIDGE MANOR, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 VP WOODRUFF, RANDY 801 S BROAD ST BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA WEST, JEFF 19049 POWELL RD BROOKSVILLE, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY REVENTAS, JOHN 15471 ATWATER DR SPRING HILL, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP STOOPS, TIMOTHY 5331 COMMERCIAL WAY SPRING HILL, FL 34606

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04/08/08-80034-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Emilia Raia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-08 352-596-1114
Date Daytime Phone #