

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **763709** (3)

1. Corporation Name

HERNANDO BEACH UNIT 13-B PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

**HERNANDO BEACH SOUTH
PO BOX 3023
SPRING HILL FL 34606**

Mailing Address

**HERNANDO BEACH SOUTH
PO BOX 3023
SPRING HILL FL 34606**

3. Date Incorporated or Qualified
06/16/1982

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

USA

4. FEI Number

59-0692773

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BRANDS, PRISCILLA
3472 JEWFISH DR
SPRING HILL FL 34607**

10. Name and Address of New Registered Agent

81 Name **PATRICIA G LESZEWSKI**
82 Street Address (P.O. Box Number Is Not Acceptable)
3408 TRIGGERFISH DR
83
84 City **SPRING HILL** FL 85 Zip Code **34607**

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

Patricia G Leszewski

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LESZEWSKI, JOHN	
STREET ADDRESS	3408 TRIGGERFISH DR	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LESZEWSKI, PATRICIA	
STREET ADDRESS	3408 TRIGGERFISH DR	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BRANDS, PRISCILLA M	
STREET ADDRESS	3472 JEWFISH DR	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JESSEN, SUEGENE	
STREET ADDRESS	4018 CROAKER DR	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLEWELLING, ROBERT	
STREET ADDRESS	3416 PALOMETA DR	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ASHWORTH, CLYDE	
STREET ADDRESS	3519 JEWFISH DR	
CITY-ST-ZIP	SPRING HILL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN DE GROSSA
2.3 STREET ADDRESS	3431 TRIGGERFISH DR
2.4 CITY-ST-ZIP	SPRING HILL FL 34607
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PATRICIA G LESZEWSKI
3.3 STREET ADDRESS	3408 TRIGGERFISH DR
3.4 CITY-ST-ZIP	SPRING HILL, FL 34607
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIANE KONAS
4.3 STREET ADDRESS	3439 TRIGGERFISH DR
4.4 CITY-ST-ZIP	SPRING HILL FL 34607
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	NANCY S. HILLING
6.3 STREET ADDRESS	3495 TRIGGERFISH DR
6.4 CITY-ST-ZIP	SPRING HILL FL 34607

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Patricia G Leszewski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA G LESZEWSKI

Date

3/1/96

Daytime Phone #

813-725-9530

CR2E037 (12/95)