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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 34611-0960

3. Date Incorporated or Qualified: 06/16/1982
3a. Date of Last Report: 03/14/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24: 34611
Country — 25
Zip — 29
Country — 30

4. FEI Number: ~~59-0692773~~ 59-3154153 — 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

LESZEWSKI, PATRICIA G.
3408 TRIGGERFISH DR
SPRING HILL FL 34607

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 617.1508, 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: P. Leszewski — 3/24/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☒ Addition
NAME	LESZEWSKI, JOHN		1.2 NAME	C. J. BRONSTRUP	
STREET ADDRESS	3408 TRIGGERFISH DR		1.3 STREET ADDRESS	4008 BLUEFISH DR	
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	V	☐ DELETE	2.1 TITLE	V	☒ Change ☒ Addition
NAME	DEGROSSA, JOHN		2.2 NAME	JOSEPH SHERRY	
STREET ADDRESS	3431 TRIGGERFISH DR		2.3 STREET ADDRESS	4057 AMBER JACK DR	
CITY-ST-ZIP	SPRING HILL FL		2.4 CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LESZEWSKI, PATRICIA G.		3.2 NAME		
STREET ADDRESS	3408 TRIGGERFISH DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	KONAS, DIANE		4.2 NAME	DIANE SOMMER	
STREET ADDRESS	3439 TRIGGERFISH DR		4.3 STREET ADDRESS	3439 TRIGGERFISH DR.	
CITY-ST-ZIP	SPRING HILL FL		4.4 CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	FLEWELLING, ROBERT		5.2 NAME	KAREN RUBIO	
STREET ADDRESS	3416 PALOMETA DR		5.3 STREET ADDRESS	3383 PALOMETA DR	
CITY-ST-ZIP	SPRING HILL FL		5.4 CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	SCHILLING, NANCY		6.2 NAME	KEN SCHMIT	
STREET ADDRESS	3495 TRIGGERFISH DR		6.3 STREET ADDRESS	4057 SHEEPHEAD DR	
CITY-ST-ZIP	SPRING HILL FL		6.4 CITY-ST-ZIP	SPRING HILL FL 34607	

CR2E037 (9/96)

14. I do 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: P. Leszewski PRESIDENT — 3/24/97 — 813-725-9530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0066590