## FILE NOW: FILING FEE IS \$61.25

Apr 15 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (3)763709 HERNANDO BEACH UNIT 13-B PROPERTY OWNERS ASSOCIA T COUNT FOR THE HIR HAN BOND BOND ON BUT ON BUT BOND BOND BOND BOND TION, INC. Mailing Address Principal Place of Business HERNANDO BEACH SOUTH HERNANDO BEACH SOUTH 3. Date Incorporated or Qualified PO BOX 3023 PO BOX 3023 SPRING HILL FL 34611 06/16/1982 SPRING HILL FL 34806 4. FEI Number Applied For Not Applicable 59-3154153 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired Fee Required 26 Suite. Apt. #. etc. Suite, Apt. #. etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No 23 Zip Country Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LESZEWSKI, PATRICIA G. 82 3408 TRIGGERFISH DR 83 SPRING HILL FL 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 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, Lam lamillar with, and accept the obligations of, Section 617.0503 florida Statutes.

SIGNATURE

Signature, hyped or printed name of redesered agent, applicable. 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE TITLE 11 TITLE BRONSTRUP, C.J. NAME 1.2 NAME 3471 Sheephead Dr 4008 BLUEFISH DR. STREET ADDRESS 1.3 STREET ADDRESS Spring Hill Fl. SPRING HILL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE 2.1 TITLE Lewis Johnson Change TITLE SHERRY, JOSEPH 2.2 NAME NAME 3504 Sheephead Dr 4057 AMBER JACK DR. 2.3 STREET ADDRESS STREET ADDRESS Spring Hill Fl. SPRING HILL FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Juliette Muncy 2447 Triggerfish Dr Change Addition DELETE 3.1 TITLE TITLE leszewski, patricia G. 3.2 NAME NAME 3408 TRIGGERFISH DR 3.3 STREET ADDRESS STREET ADDRESS Spring Hill Fl. SPRING HILL FL CITY-S1-Z#P 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE Bill Davis 3503 Croalceror. SOMMER, DIANE 4. 2 NAME NAME 3439 TRIGGERFISH DR. 4.3 STREET ADDRESS STREET ADORESS Spring Hill, Fl. SPRING HILL FL 4.4 CITY-ST-ZIP CITY-ST-ZIP D. Kathlyn V. Giannaula Change Addition DELETE 5.1 TITLE RUBIO, KAREN 5.2 NAME NAME 3520 Croaker Dr STREET ADDRESS 3383 PALOMETA DR. **5.3 STREET ADDRESS** Spring Hill, Fl. ? SPRING HILL FL 5.4 CITY-ST-ZIP CITY-ST-ZIP Frederick Packci DELETE 6.1 TITLE Change Addition TITLE NAME SCHMIT, KEN 6.2 NAME 4050 Croaker Dr 4057 SHEEPHAED DR. **6.9 STREET ADDRESS** STREET ADDRESS SPRING HILL SPRING HILL FL 6.4 CITY-ST-ZIP 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.

MINRE BEOMRED

SIGNATURE:

4-9-98

**FILED**