

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003801

1. Entity Name

HOMEOWNERS ALLIANCE OF HERNANDO BEACH, INC.

Principal Place of Business

Mailing Address

4265 CAMELIA DR.  
HERNANDO BEACH FL 34807

P.O. BOX 3835  
SPRING HILL FL 34611-3835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3701553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOYT, SANDRA B  
4265 CAMELIA DR.  
HERNANDO BEACH FL 34607

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HOYT, SANDRA B	
STREET ADDRESS	4265 CAMELIA DR.	
CITY-ST-ZIP	HERNANDO BEACH FL 34607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KARPISCAK, JOHN	
STREET ADDRESS	4137 ORCHID DR.	
CITY-ST-ZIP	HERNANDO BEACH FL 34607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, JULIA	
STREET ADDRESS	3461 CRAPE MYRTLE DR.	
CITY-ST-ZIP	HERNANDO BEACH FL 34607	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACCI, DAVID	
STREET ADDRESS	3317 ROSE ARBOR DR.	
CITY-ST-ZIP	HERNANDO BEACH FL 34607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MALFETONE, NICK	
STREET ADDRESS	4499 NEPTUNE DR.	
CITY-ST-ZIP	HERNANDO BEACH FL 34607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARPISCAK, NORMA L.	
STREET ADDRESS	4137 ORCHID DRIVE	
CITY-ST-ZIP	HERNANDO BEACH FL 34607	
TITLE	OPEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRAYNICK, Paula	
STREET ADDRESS	4251 Camelia Dr.	
CITY-ST-ZIP	Hernando Beach, FL 34607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 filers empowered.

SIGNATURE:

Sandra B. Hoyt, Vice-President  
Sandra B. Hoyt, Vice-President

Date

Daytime Phone #

FILED  
May 17, 2001 8:00 am  
Secretary of State

04-24-2001 90342 049 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Rev'd  
3/16/01

CR2E037 (10/00)