

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 17, 2002 8:00 am  
Secretary of State

02-17-2002 90029 037 \*\*\*\*61.25

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**DOCUMENT # N00000003801**

1. Entity Name

**HOMEOWNERS ALLIANCE OF HERNANDO BEACH, INC.**

Principal Place of Business

**4265 CAMELIA DR.  
HERNANDO BEACH FL 34607**

Mailing Address

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D HOYT, SANDRA B**  
STREET ADDRESS **4265 CAMELIA DR.**  
CITY-ST-ZIP **HERNANDO BEACH FL 34607**

TITLE ☐ Change ☒ Addition  
NAME **P SULLIVAN, CATHIE**  
STREET ADDRESS **3444 CRAPE MYRTLE DR**  
CITY-ST-ZIP **HERNANDO BEACH FL 34607**

TITLE ☒ Delete  
NAME **S KARISCAK, NORMA L**  
STREET ADDRESS **4137 ORCHID DR.**  
CITY-ST-ZIP **HERNANDO BEACH FL 34607**

TITLE ☐ Change ☒ Addition  
NAME **V KASPER, JUDITH**  
STREET ADDRESS **4301 PARADISE CR**  
CITY-ST-ZIP **HERNANDO BCH FL 34607**

TITLE ☐ Delete  
NAME **D MACCI, DAVID**  
STREET ADDRESS **3317 ROSE ARBOR DR.**  
CITY-ST-ZIP **HERNANDO BEACH FL 34607**

TITLE ☐ Change ☒ Addition  
NAME **S ROWLAND, PATRICIA**  
STREET ADDRESS **4375 7<sup>TH</sup> ISLE DR**  
CITY-ST-ZIP **HERNANDO BEACH FL 34607**

TITLE ☒ Delete  
NAME **T KRAYNIELS, PAULA**  
STREET ADDRESS **4251 CAMELIA DRIVE**  
CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE ☐ Change ☒ Addition  
NAME **T KARPISCAK, JOHN**  
STREET ADDRESS **4137 ORCHID DR**  
CITY-ST-ZIP **HERNANDO BEACH FL 34607**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D JACKSON, JULIA**  
STREET ADDRESS **3461 CRAPE MYRTLE DR**  
CITY-ST-ZIP **HERNANDO BEACH FL 34607**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **D SLOAN, WILLIAM**  
STREET ADDRESS **4553 GULFSTREAM DR**  
CITY-ST-ZIP **HERNANDO BEACH FL 34607**

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 like empowered.

**SIGNATURE:** *John Karpisak*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN KARPISAK, Treas. 1-28-02 (352) 596-7664**

Date Daytime Phone #

CR2E037 (9/01)