2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002364

City-St-Zip:

Entity Name: HERNANDO COUNTY INTERGROUP, INC

FILED Mar 20, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:			
4169 LAMSON AVENUE, SUITE 109 SPRING HILL, FL 346083702			4169 LAMSON AVENUE, SUITE 107 SPRING HILL, FL 346083702			
Current Mailing Address:			New Mailing Address:			
4169 LAMSON AVENUE, SUITE 109 SPRING HILL, FL 346083702			4169 LAMSON AVENUE, SUITE 107 SPRING HILL, FL 346083702			
FEI Number	: 27-0083775	FEI Number Applied For()	FEI Number Not Appl	cable () Certificate o	of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
7070 MAR SPRING H	S, ANTONINA I PINER BLVD HILL, FL 34609 Pe named entity se of Florida.	ESQ. US submits this statement for the p	ourpose of changing i	s registered office or regi	stered agent, or both,	
SIGNATUI	RF.					
0.010, (1.0)		ic Signature of Registered Age	ent	Da	te	
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D () WILLIAM, SEVE 18237 DRAYTO SPRING HILL, F	N ST	Title: Name: Address: City-St-Zip:	()Change()/	Addition	
Title: Name: Address: City-St-Zip:	D () HANS, RICHAR 8959 GLENARM WEEKI WACHE	1 WAY	Title: Name: Address: City-St-Zip:	()Change()/	Addition	
Title: Name: Address: City-St-Zip:	D () CUDDEBACK, \$ 8188 PAGODA SPRING HILL, F	DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change () A BIUMI, CAROLE 18814 FAIRWAY GREEN DR HUDSON, FL 34667		
Title: Name:	()	Delete	Title: Name:	D () Change (X) A RATLIFF, JAMES		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: BROOKSVILLE, FL 34601

SIGNATURE: CAROLE BIUMI D 03/20/2006