


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000002364	
1. Entity Name HERNANDO COUNTY INTERGROUP, INC.	

Principal Place of Business 4169 LAMSON AVENUE, SUITE 107 SPRING HILL, FL 34608-3702	Mailing Address 4169 LAMSON AVENUE, SUITE 107 SPRING HILL, FL 34608-3702
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DO NOT WRITE IN THIS SPACE



07062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 27-0083775	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**VAZNELIS, ANTONINA ESQ.
7070 MARINER BLVD
SPRING HILL, FL 34609**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM, SEVERANCE 18237 DRAYTON ST SPRING HILL, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANS, RICHARD W 8959 GLENARM WAY WEEKI WACHEE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIUMI, CAROLE 18814 FAIRWAY GREEN DRIVE HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATLIFF, JAMES 14250 OLD CRYSTAL RIVER RUN BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000773892
09/13/07-80003-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **JAMES RATLIFF, D./TREAS.** **9/10/07** **352-483-4597**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #