2004 NOT-FCR-PROFIT CORPORATION REINSTATEMENT

		142114017						_					
DOCUMENT # N10386 1. Entity Name								FILED					
HERNANDO HOUSING DEVELOPMENT CORPORATION, INC.									04 0C	T 22	PM 4: 2	24	
Principal Place of Business Mailing Address 20 N MAIN ST 20 N MAIN ST ROOM 25 ROOM 25						ıc		SECRETARY OF STATE JALLAHASSEE, FLORIDA					
BROOKSVILLE, FL 34601 US BROOKSVILLE, FL 34601 US													
2. Principal Place of Business 2. N. Broad Street				3. Mailing Address 2 N. Broad Street									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				10122004 RE	IN-NP	CR2E	99 (6/04)		
City & State Brooksville, FL				City & State Brooksville, FL Zip Country				4. FEI Number NOT APPLI	CABLE		_ 	plied For t Applicable	
Zip 34601	Country USA			34601 U				5. Certificate of St	atus Desired		\$8.75 Add Fee Required		
6. Name and Address of Current R				egistered Agent			7. Name and Address of New Registered Agent Name						
SINGER-	OONALD	C: -		ب ي دېدست	سهداد وريجد	يسار لاها ا							
20 N MAIN ST							Street Address (P.Q. Box Number is Not Acceptable) 2 N. Broad Street						
ROOM 205 BROOKSV		34601		,									
City Brooksv								11e		FL	Zip Code 3460	1	
8. The above named entity submits this statement for the ourpose 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 Signature, typed or printed name of registered agent against it applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOWILI FEE IS \$236.25 Make check payable to													
After January 1, 2005, Fee will be \$297.50 Florida Department of St												ate	
TITLE	D	OFFICERS AND DI	RECTORS	Delete	11.	 	D A	ADDITIONS/CHANG	ES TO OFFICEF	RS AND DI	77		
NAME	_	YVONNE		EN Delete	TITLE		ı —	e, Bruce W	•			☐ Addition	
STREET ADDRESS CITY-ST-ZIP		RCEWOOD POINT VILLE, FL		STI CII				Box 734 ksville, F	ц 34605				
TITLE	VP			X Delete	TITLE		VP	L. Taba T		·	K Change	Addition	
NAME STREET ADDRESS	JENKINS 11450 LIN	, EVANGELINA IDEN DR			NAM	E Et address	Murphy, John J 16228 Flight P			e			
CITY-ST-ZIP		HILL, FL 34608				-ST-ZIP		ksville, F					
TITLE	ST			☐ Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS	, ·	DONALD C. NGER L'ANE		African,	NAM - CTRE	E Et address		eni	0042:	ne.	ana	1	
CITY-ST-ZIP	1	VILLE, FL		į				10/22/0	0401035	001	***236	.25	
TITLE	P			Delete	TITLE	:	P				🖾 Change	Addition	
NAME STREET ADDRESS		N, MICHAEL SCOT LANE			NAM	E Et address	Sull 3444	livan, Paul 4 Crap e Myr	.н. tle Driv	e			
CITY-ST-ZIP	SPRING					-ST-ZIP	Hern	ando Beach	, FL 346	07			
TITLE	D			☑ Delete	TITLE		D		Un all E	,	X Change	☐ Addition	
NAME STREET ADDRESS		IAN, RUBY LK ROAD			NAM	E Et address	Garu	nan, Peggy 30 DeWitt D	"Betn" r Drive	• •			
CITY-ST-ZIP		VILLE, FL 34601				-ST-ZIP	Broo	oksville, F	L 34601				
TÍŢLE			-	☐ Delete	TITLE				The shall be	Ini N	@hange	☐ Addition	
name Street address	-				NAM	E Et address			()	Pro	(4)		
CITY-ST-ZIP						-ST-ZiP			\	γ		ļ	
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 accupate 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 trusted 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 attachirem with an address, with all other like empowered.													
SIGNATURE: / West / JOY 252 - 754 4/60 Date Date Date Dayling Phone #													