
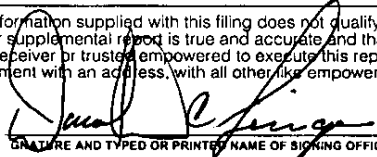


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90004 032 ****61.25

DOCUMENT # N10386 1. Entity Name HERNANDO HOUSING DEVELOPMENT CORPORATION, INC.					
Principal Place of Business 2 N. BROAD STREET BROOKSVILLE, FL 34601 US			Mailing Address 2 N. BROAD STREET BROOKSVILLE, FL 34601 US		
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 NOT APPLICABLE				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 SINGER, DONALD C 2 N. BROAD STREET BROOKSVILLE, FL 34601			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D DODGE, BRUCE W <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	P.O. BOX 734		NAME	<i>Pimental, Jennifer</i>	
STREET ADDRESS	BROOKSVILLE, FL 34605		STREET ADDRESS	<i>772 Cape Road / 1000</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Spring Hill FL 34607</i>	
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, JOHN J		NAME		
STREET ADDRESS	16228 FLIGHT PATH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34604		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINGER, DONALD C		NAME		
STREET ADDRESS	23290 SINGER LANE		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SULLIVAN, PUAL H		NAME		
STREET ADDRESS	3444 CRAPE MYRTLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO BEACH, FL 34607		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARMAN, PEGGY E		NAME		
STREET ADDRESS	23080 DEWITT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP		
TITLE	<i>Smith</i> <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<i>Covell, Anna Lisa</i>	
STREET ADDRESS			STREET ADDRESS	<i>600 South Main St</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>Brooksville FL 34601</i>	
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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7/17/06 352-774-4160 <small>Daytime Phone #</small>		