


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90075 029 ****61.25

| | | | |
|---|---------|---|---------|
| DOCUMENT # N36439 | |  | |
| 1. Entity Name HERNANDO COUNTY 1013 INC. | | | |
| Principal Place of Business 454 CANDLESTONE COURT PH SPRINGHILL FL 34609 US | | Mailing Address 454 CANDLESTONE COURT PH SPRINGHILL FL 34609 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/04)

| | | | |
|---|--|--|--|
| 4. FEI Number 59-2991067 | | 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 DEMARZO, ANTONIO 454 CANDLESTONE COURT SPRING HILL FL 34609 | | 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

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
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 NAME STREET ADDRESS CITY-ST-ZIP | V LETIZIA, LENNY 14153 SCRUB OAK LA BROOKSVILLE FL 34163 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BYRNES, JOHN 3386 KILL DEER PL PALM HARBOR FL 34685 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Joseph MONTALI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1229 VANDALE Ave SPRING HILL FL 34608 DIRECTOR |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NAVARRA, WILLIAM 5125 PLUMOSA ST SPRINGHILL FL 34609 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WEINHAUER, AL 1706 KINSMERE DR NEW PORT RICHEY FL 34655 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DEMARZO, ANTONIO 454 CANDLESTONE COURT SPRINGHILL FL 34609 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUONO, FRANK 10411 MOUNT DORA STREET NEW PORT RICHEY FL 34655 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | FRAN GREIFENBERGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14038 ANDREW SCOTT RD. DIRECTOR SPRING HILL, FL 34609 |

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 names empowered.

SIGNATURE:  **January 26, 2005** **352-686-8238**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #