

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36439

FILED
Feb 09, 2009
Secretary of State

Entity Name: HERNANDO COUNTY 1013 INC.

Current Principal Place of Business:

454 CANDLESTONE COURT
PH
SPRINGHILL, FL 34609 US

New Principal Place of Business:

Current Mailing Address:

454 CANDLESTONE COURT
PH
SPRINGHILL, FL 34609 US

New Mailing Address:

FEI Number: 59-2991067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMARZO, ANTONIO
454 CANDLESTONE COURT
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BABCOCK, AURTHUR
Address: 13310 LAWRENCE STREET
City-St-Zip: SPRING HILL, FL 34608

Title: T () Delete
Name: MONTALI, JOSEPH
Address: 1229 VANDALE AVE
City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete
Name: PERRETTO, JIM
Address: 9289 PENELOPE DRIVE
City-St-Zip: BROOKSVILLE, FL 34613

Title: P () Delete
Name: DEMARZO, ANTONIO
Address: 454 CANDLESTONE COURT
City-St-Zip: SPRINGHILL, FL 34609

Title: D () Delete
Name: BONTINE, FRANCIS
Address: 4957 SOUTH SHORE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: COLLINS, THOMAS
Address: 11300 SUNTREE ROAD
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JOSEPH MONTALI

TRES

02/09/2009

Electronic Signature of Signing Officer or Director

Date