FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 8:16

DOCUMENT # **N44149** **(5)**

1. Corporation Name
HERNANDO BEACH BUSINESS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3422 SHOAL LINE BLVD. SPRING HILL FL 34607	3422 SHOAL LINE BLVD SPRING HILL FL 34607 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1991
3a. Date of Last Report: 07/20/1994
4. FEI Number: 59-3088370 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHARNOCK, WILLIAM T., III 5358 SPRING HILL DRIVE SPRING HILL FL 34606	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	MERQLEWSKI, Tom ☑ Change ☐ Addition
NAME	STABB, SHARON	12 NAME	4317 Caliente ST.
STREET ADDRESS	MANGROVE STREET	13 STREET ADDRESS	Hernando Beach Fl.
CITY-ST-ZIP	HERNANDO BEACH FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	MENDOLIA, Joseph ☑ Change ☐ Addition
NAME	MERQLEWSKI, TOM	22 NAME	4053 SHOAL Line.
STREET ADDRESS	4317 CALIENTE STREET	23 STREET ADDRESS	Hernando Beach, Fl.
CITY-ST-ZIP	HERNANDO BEACH FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	CARLINI, SUSAN	32 NAME	
STREET ADDRESS	3199 AZALEA	33 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO BEACH FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	Jeanne Vutech ☑ Change ☐ Addition
NAME	PERKIN, LYDIA	42 NAME	4376 Flexor DR.
STREET ADDRESS	4317 CALENTE STREET	43 STREET ADDRESS	Hernando Beach, Fl.
CITY-ST-ZIP	HERNANDO BEACH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HUMPHREYS, VIRGINIA	52 NAME	
STREET ADDRESS	4375 FIRST ISLE	53 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO BEACH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	Ann Boggs ☒ Change ☐ Addition
NAME	MENDOLIA, JOSEPH	62 NAME	3430 SHOAL Line BLVD.
STREET ADDRESS	4054 SHOAL LINE	63 STREET ADDRESS	Hernando Beach, Fl
CITY-ST-ZIP	HERNANDO BEACH FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene Humphreys 5-22-95 904 596 8561
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

004561