

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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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**

3. Date Incorporated or Qualified
06/28/1991

3a. Date of Last Report
05/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
3176 Shoal Line Blvd.

26 Suite, Apt. #, etc.
3176 Shoal Line Blvd.

22 City & State
Hernando Beach, FL

27 City & State
Hernando Beach, FL

23 Zip
34607

28 Country
USA

24 Zip
34607

29 Country
USA

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MENDOLIA, JOSEPH	
STREET ADDRESS	4053 SHOALINE	
CITY-ST-ZIP	HERNANDO BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MERGLEWSKI, TOM	
STREET ADDRESS	4317 CALIENTE STREET	
CITY-ST-ZIP	HERNANDO BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CARLINI, SUSAN	
STREET ADDRESS	3199 AZALEA	
CITY-ST-ZIP	HERNANDO BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	VUTECH, JEANNE	
STREET ADDRESS	4376 FLEXOR DR	
CITY-ST-ZIP	HERNANDO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUMPHREYS, VIRGINIA	
STREET ADDRESS	4375 FIRST ISLE	
CITY-ST-ZIP	HERNANDO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOCES, ANN	
STREET ADDRESS	3430 SHOALINE BLVD	
CITY-ST-ZIP	HERNANDO BEACH FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ray Erickson	
1.3 STREET ADDRESS	3176 Shoal Line Blvd.	
1.4 CITY-ST-ZIP	Hernando Beach, FL	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joan Lentini	
2.3 STREET ADDRESS	3399 Eagle Nest Drive	
2.4 CITY-ST-ZIP	Hernando Beach, FL	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Terry Mandes	
3.3 STREET ADDRESS	18606 Alexson Street	
3.4 CITY-ST-ZIP	Spring Hill, FL 34606	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ruby Turner	
4.3 STREET ADDRESS	15299 Cortez Blvd.	
4.4 CITY-ST-ZIP	Brooksville, FL 34613	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Miran Kalf	
5.3 STREET ADDRESS	4004 Shoal Line Blvd.	
5.4 CITY-ST-ZIP	Hernando Beach, FL	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Sharon Brooks	
6.3 STREET ADDRESS	3193 A Shoal Line Blvd.	
6.4 CITY-ST-ZIP	Hernando Beach, FL	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ray E Erickson 6-11-96 (352) 596-7035

N44149

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HERNANDO BEACH

Business Association, Inc.



NAME OF ADDITIONAL DIRECTOR

D
Camille Butler
3176 Shoal Line Blvd.
Hernando Beach, FL