


FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 3176 SHOAL LINE BLVD. HERNANDO BEACH FL 34607 US	Mailing Address 3176 SHOAL LINE BLVD. HERNANDO BEACH FL 34607-3433 US
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3. Date Incorporated or Qualified 06/28/1991	3a. Date of Last Report 06/17/1996
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2. Principal Place of Business 21 3422 Shoal Line Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 3422 SHOAL LINE BLVD. Suite, Apt. #, etc.	4. FEI Number 59-3088370 Applied For <input type="checkbox"/> Not Applicable
22 City & State Hernando Beach FL	27 City & State Hernando Beach, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 34607 Country US	29 34607 Country US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent CHARNOCK, WILLIAM T., III 5358 SPRING HILL DRIVE SPRING HILL FL 34606		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKSON, RAY	1.2 NAME	
STREET ADDRESS	3176 SHOAL LINE BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	HERNANDO BEACH FL	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENTINI, JOAN	2.2 NAME	
STREET ADDRESS	3399 EAGLE NEST DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	HERNANDO BEACH FL	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDES, TERRY	3.2 NAME	
STREET ADDRESS	18606 ALEXSON STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	SPRING HILL FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, RUBY	4.2 NAME	
STREET ADDRESS	15299 CORTEZ BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALF, MIRAN	5.2 NAME	
STREET ADDRESS	4004 SHOAL LINE BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	HERNANDO BEACH FL	5.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, SHARON	6.2 NAME	
STREET ADDRESS	3193 A SHOAL LINE BLVD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	HERNANDO BEACH FL	6.4 CITY - ST - ZIP	

14. I do 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 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:

SIGNATURES REQUIRED

4-25-97 352-576-7025

Date

Daytime Phone # 0066435

CR2E037 (9/96)