


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90037 049 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N44149 | | | | | |
| 1. Corporation Name HERNANDO BEACH BUSINESS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 3399 EAGLE NEST DR HERNANDO BEACH FL 34607 US | | | Mailing Address 3399 EAGLE NEST DR HERNANDO BEACH FL 34607 US | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 06/28/1991 | |
| 22 City & State | | 27 City & State | | 4. FEI Number 59-3088370 | |
| 23 Zip | | 28 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Country | | 29 Country | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 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 D <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 P <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 BUTLER <input type="checkbox"/> DELETE | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME BUTLER, CAMILLE | | | 3.2 NAME | | |
| STREET ADDRESS 4317 CALIENTA ST | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP HERNANDO BEACH FL 34607 | | | 3.4 CITY-ST-ZIP | | |
| TITLE RS <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 M <input type="checkbox"/> DELETE | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME MORTON, CHARLES | | | 5.2 NAME | | |
| STREET ADDRESS 4317 CALIENTA ST | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP HERNANDO BEACH FL 34607 | | | 5.4 CITY-ST-ZIP | | |
| TITLE V <input checked="" type="checkbox"/> DELETE | | | 6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME COOPER, DENNIS | | | 6.2 NAME | | |
| STREET ADDRESS 3484 MINNOW CREEK DR | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP HERNANDO BEACH FL 34607 | | | 6.4 CITY-ST-ZIP | | |

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Camille Butler (352) 596-2006
Date Daytime Phone #

CR2E037 (11/98)