
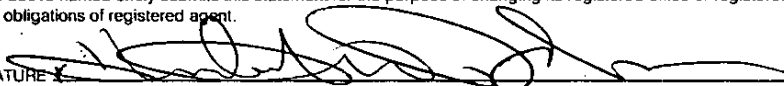
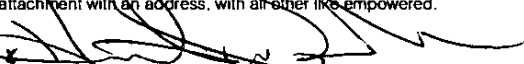


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90070 035 \*\*\*\*61.25

<b>DOCUMENT # N47298</b>					
1. Entity Name HERNANDO BEACH PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 4407 CALIENTA STREET HERNANDO BEACH, FL 34607 US			Mailing Address P.O. BOX 3198 SPRING HILL, FL 34611-3198 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DUKES, WAYNE 4234 CAMELIA DR HERNANDO BEACH, FL 34607			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE 2-20-08		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUKES, WAYNE		NAME	SAM LYONS	
STREET ADDRESS	4234 CAMELIA DR		STREET ADDRESS	4096 CAMELIA DR	
CITY-ST-ZIP	HERNANDO BEACH, FL 34607		CITY-ST-ZIP	HERNANDO BEACH FL 34607	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULHERN, JOHN		NAME	CHARLES RIEDL	
STREET ADDRESS	3262 ROSE ARBOR DR		STREET ADDRESS	4134 CAMELIA DR	
CITY-ST-ZIP	HERNANDO BEACH, FL 34607		CITY-ST-ZIP	HERNANDO BEACH FL 34607	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAIRD, FRAN		NAME	KEN LINDSEY	
STREET ADDRESS	4407 CALIENTA ST		STREET ADDRESS	4203 DES PAEZ CT.	
CITY-ST-ZIP	HERNANDO BEACH, FL 34607		CITY-ST-ZIP	HERNANDO BEACH FL 34607	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKERS, SILVIA		NAME		
STREET ADDRESS	4234 CAMELIA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO BEACH, FL 34607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, GLADYS		NAME		
STREET ADDRESS	4049 HERMOSA BLVD		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO BEACH, FL 34607		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JENNIFER		NAME	SHARON RIEDL	
STREET ADDRESS	4133 DIAZ COURT		STREET ADDRESS	4134 CAMELIA DR	
CITY-ST-ZIP	HERNANDO BEACH, FL 34607		CITY-ST-ZIP	HERNANDO BEACH FL 34607	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			DATE: 2/20/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # 596-8383		