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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90086 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48075

1. Corporation Name
HERNANDO HILLS HLITES, INC.

Principal Place of Business 12387 SEAGATE ST SPRING HILL FL 34609 US	Mailing Address 12387 SEAGATE ST SPRING HILL FL 34609 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/27/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3023125
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		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

HAHN, GAIL
12387 SEAGATE ST
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZACK, JEANNINE	
STREET ADDRESS	9148 GENEVA ST	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ABRAMI, TESSIE	
STREET ADDRESS	13174 HAZELCREST	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HANLEY, GENEVIEVE	
STREET ADDRESS	2099 FINLAND DR.	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WAHLER, CECILIA	
STREET ADDRESS	10434 BEDFORD RD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KING, MELANIE	
STREET ADDRESS	2151 DELTONA	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTINEZ, NORMA	
STREET ADDRESS	13169 HAZELCREST ST	
CITY-ST-ZIP	SPRING HILL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LONG, LINDA	
2.3 STREET ADDRESS	12473 Groveland Street	
2.4 CITY-ST-ZIP	Spring Hill, FL 34609	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RANDOLPH, RUTH	
3.3 STREET ADDRESS	9744 Eldridge Drive	
3.4 CITY-ST-ZIP	Spring Hill, FL 34608	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ABRAMI, TESSIE	
5.3 STREET ADDRESS	2099 FINDLAND DR.	
5.4 CITY-ST-ZIP	SPRING HILL, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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]* SIGNATURE REQUIRED March 29, 1999 (352) 683-4936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (11/98)