

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48075

FILED
Apr 01, 2009
Secretary of State

Entity Name: HERNANDO HILLS HI-LITES, INC.

Current Principal Place of Business:

12473 GROVELAND ST
SPRING HILL, FL 34609 US

New Principal Place of Business:

Current Mailing Address:

12473 GROVELAND ST.
SPRING HILL, FL 34609 US

New Mailing Address:

FEI Number: 59-3023125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, LINDA R
12473 GROVELAND RD
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WU, PEGGY
Address: 1289 COBLE RD
City-St-Zip: SPRING HILL, FL 34608

Title: VP () Delete
Name: BROWNNINE, VICKI
Address: 9906 US 19
City-St-Zip: PORT RICHEY, FL 34668

Title: S () Delete
Name: CROW, MICKEY
Address: 8134 DINSMORE ST
City-St-Zip: BROOKSVILLE, FL 34613

Title: P () Delete
Name: CHARLES, GINA
Address: 4287 MONTANO AVE
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: ZACK, JEANNINE
Address: 2116 BREEZY WAY
City-St-Zip: SPRING HILL, FL 34608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: PHILLIPS, LEE ANNE TREASUR
Address: 4543 DELTONA BLVD
City-St-Zip: SPRING HILL, FL 34606

Title: VP (X) Change () Addition
Name: MAGLIO, ADELE VICE PR
Address: 9182 ELDRIDGE RD
City-St-Zip: SPRING HILL, FL 34608

Title: S (X) Change () Addition
Name: BROWNING, VICKI SECRETA
Address: 9906 US HWY 19
City-St-Zip: PORT RICHEY, FL 34668

Title: P (X) Change () Addition
Name: CHARLES, GINA PRESIDE
Address: 4287 MONTANO AVE
City-St-Zip: SPRING HILL, FL 34609

Title: D (X) Change () Addition
Name: ZACK, JEANNINE DIRECTO
Address: 2116 BREEZY WAY
City-St-Zip: SPRING HILL, FL 34608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINA CHARLES

P

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date