2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2002 8:00 am Secretary of State OCUMENT # N9700000426 **Entity Name** HERNANDO SQUARE PROPERTY OWNERS ASSOCIATION, INC 02-20-2002 90076 040 ***150.00 Mailing Address incipal Place of Business 9020 RANCHO DEL RIO DR #128 20 RANCHO DEL RIO DR #128 W PORT RICHEY FL 34655 **NEW PORT RICHEY FL 34655** Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0814341 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DEEB, ALEX R 9020 RANCHO DEL RIO DR #128 NEW PORT RICHEY FL 34655 Zip Code 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. **GNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Addition Change Delete TITLE TLE DEEB, ALEX R NAME ME STREET ADDRESS 9020 RANCHO DEL RIO DR #128 REET ADDRESS CITY-ST-ZIP TY-ST-ZIP **NEW PORT RICHEY FL 34655** ☐ Change ☐ Addition VD TITLE TLE ☐ Delete DEEB, RICHARD G NAME AME 9020 RANCHO DEL RIO DR #128 STREET ADDRESS REET ADDRESS CITY-ST-ZIP TY-ST-ZIP= NEW PORT RICHEY FL 34655 Change Addition Delete TIT) F TLE AME. DEEB. THOMAS P NAME 9020 RANCHO DEL RIO DR #128 STREET ADDRESS REET ADDRESS CITY-ST-ZIP TY-ST-ZIP **NEW PORT RICHEY FL 34655** ☐ Change ☐ Addition ☐ Defete TLE CARUSO, DOROTHEA R NAME AME FREET ADDRESS 9020 RANCHO DEL RIO DR #128 STREET ADDRESS TY-ST-7IP **NEW PORT RICHEY FL 34655** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TLE NAME AME STREET ADDRESS IRFET ADDRESS CITY-ST-ZIP TY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TLE NAME AME STREET ADDRESS TREET ADDRESS

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 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 trigstee 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 an other like empowered.

CITY-ST-ZIP

SIGNATURE:

TY-ST-ZIP