## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N97000000426

HERNANDO SQUARE PROPERTY OWNERS ASSOCIATION, INC.



**FILED** Mar 01, 2004 8:00 am Secretary of State

03-01-2004 90053 041 \*\*\*\*70.00

| ASSOCIA<br>  | TION, INC.                              |  | •                       |  | 1                                     | 1             |                                     |                      |                     |                             |                             |
|--|---|--|-------------------------|--|---------------------------------------|---------------|-------------------------------------|----------------------|---------------------|-----------------------------|-----------------------------|
| . 9020 RANCHO DEL RIO DR #128 9020 RA                    |   |  |                         | Address<br>RANCHO DEL RIO DR #128<br>PORT RICHEY, FL 34655 |                                       |               |                                     |                      |                     |                             | •                           |
| 2. Principal P   | Place of Business                       | <del>-</del>   | 3. Mailing Ad           | dress  |                                       |               |                                     |                      |                     |                             |                             |
|  |   |  |                         |  |                                       |               | 1 18 831181 818                     |                      | M41: MM14) M#111 #1 | 8)18 83818 148£8 <b>9</b> 1 | 41CB4 B4 1BB1               |
| Suite, Apt. #, etc.                                      |   |  | Suite, Apt. #, etc.     |  |                                       |               | 01152004                            | Chg-NP               | CR2E0               | 37 (10/03)                  |                             |
| City & State   |   |  | City & State            |  |                                       |               | 4. FEI Numbe<br>65-0814             |                      |                     | <u> </u>                    | oplied For<br>ot Applicable |
| Zip  | Country                                 |  | Zip                     |  | Country                               |               | 5. Certificate                      | of Status Desired    | X                   | \$8.75 Add                  |                             |
|  | 6. Name and                             | Address of Current F   | ı<br>legistered Age     | nt   |                                       |               | 7. Name and                         | Address of New       | Registered          | Agent                       |                             |
| DEEB, ALI  | FY D                                    | Committee of the commit | ÷ .=' · ·               |  | Name                                  | •             | - •                                 | <del>.</del>         | - ~                 |                             | · -                         |
| 9020 RANCHO DEL RIO DR #128<br>NEW PORT RICHEY, FL 34655 |   |  |                         | Street Address   |                                       |               | (P.O. Box Number is Not Acceptable) |                      |                     |                             |                             |
|  |   |  |                         | City   |                                       |               |                                     |                      |                     | Zip Cod                     | е.                          |
|  | •                                       |  |                         |  |                                       |               | <u> </u>                            |                      | FL                  | • <u> </u>                  |                             |
|  | named entity sub<br>tions of registered | mits this statement for<br>agent.  | the purpose of          | changing its reg   | istered office o                      | r register    | ed agent, or boll                   | n, in the State of F | -iorida, I am       | familiar with,              | and accept                  |
| SIGNATURE  |   | ted name of registered agent a   | nd title if applicable. | (NOTE: Rec   | gistered Agent signal                 | ture required | when reinstating)                   | -                    | DATE                |                             |                             |
| Filing Fee is \$61.25<br>Due by May 1, 2004              |   |  |                         | 9. Election Campaign Financing Trust Fund Contribution.    |                                       |               | \$5.00 May Bo<br>Added to Fees      |                      |                     | k payable t<br>tment of S   |                             |
| 10.  | OFFICERS AND DIRECTOR                   |  |                         |  | 11,                                   | /             | ADDITIONS/CHA                       | NGES TO OFFIC        | ERS AND DI          | RÉCTORS IN                  | l 10                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | 1                                       | R<br>D DEL RIO DR #128<br>ICHEY, FL 34655  |                         | Delete   | TITLE NAME STREET ADDRESS City-St-Zip | :             |                                     |                      |                     | ☐ Change                    | ☐ Addition                  |
| TITLE  | VD                                      |  | , [                     | Delete   | TITLE                                 | <u> </u>      |                                     |                      | ,                   | ☐ Change                    | ☐ Addition                  |
| NAME   | DEEB, RICHARD G                         |  | •                       |  | NAME                                  |               |                                     |                      | 1                   |                             |                             |
| STREET ADDRESS<br>CITY-ST-ZIP                            |   | DEL RIO DR #128<br>ICHEY, FL 34655   |                         |  | STREET ADDRESS<br>CITY-ST-ZIP         |               |                                     |                      | /                   |                             |                             |
| TITLE  | VTD                                     | . ose— <del>-</del> ose ose os   |                         | Delete   | TITLE :                               |               |                                     |                      |                     | Change                      | ☐ Addition                  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | 1 ·                                     | AS P<br>D DEL RIO DR #128<br>ICHEY, FL 34655   | }                       |  | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |               |                                     | ./                   |                     |                             |                             |
| TITLE<br>NAME  | S<br>CARUSO, DO                         | ROTHEA R   | . >                     | Delete   | TITLE<br>NAME                         | S             | jorie H. S                          | Sindolar             |                     | Change                      | Addition                    |
| STREET ADDRESS   | 1                                       | DEL RIO DR #128  | 3                       |  | STREET ADDRESS                        |               |                                     | el Rio Dr            | - St.               | e 122                       |                             |
| CITY-ST-ZIP  | NEW PORT R                              | ICHEY, FL 34655  |                         |  | CITY-ST-ZIP                           |               |                                     | er ato br            |                     |                             |                             |
| TITLE  |   |  |                         | Delete   | TITLE                                 |               | /                                   | , , ,                |                     | ☐ Change                    | Addition                    |
| NAME<br>STREET ADDRESS                                   | ľ                                       |  |                         |  | NAME<br>STREET ADDRESS                |               |                                     | •                    |                     |                             |                             |
| CITY-ST-ZIP  |   |  |                         |  | CITY-ST-ZIP                           |               |                                     |                      |                     |                             |                             |
| TITLE  |   |  | Ľ                       | ] Delete   | TITLE                                 |               |                                     |                      |                     | ☐ Change                    | ☐ Addition                  |
| NAME   |   | _  |                         |  | NAME                                  |               |                                     |                      |                     |                             |                             |
| STREET ADDRESS<br>CITY-ST-ZIP                            |   | •  |                         |  | STREET ADDRESS<br>CITY-ST-ZIP         |               |                                     |                      |                     |                             |                             |

12. 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 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.

HERNANDO SOUARE PROPERTY : OWNERS ASSOCIATION, INC.

SIGNATURE:

\*\*SIGNATURE\*\*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR PRINTED DAME OF SIGNING OFFICER OR PRINTED DAME.

2/19/04 727-376-6831