

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000000426

1. Entity Name
**HERNANDO SQUARE PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**9020 RANCHO DEL RIO DR #128
NEW PORT RICHEY, FL 34655**

Mailing Address
**9020 RANCHO DEL RIO DR #128
NEW PORT RICHEY, FL 34655**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0814341	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DEEB, ALEX R
9020 RANCHO DEL RIO DR #128
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000309376
04/16/05-80035-003 70.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DEEB, ALEX R
STREET ADDRESS 9020 RANCHO DEL RIO DR #128
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE VD
NAME DEEB, RICHARD G
STREET ADDRESS 9020 RANCHO DEL RIO DR #128
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE VTD
NAME DEEB, THOMAS P
STREET ADDRESS 9020 RANCHO DEL RIO DR #128
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE S
NAME SINDELAR, MARJORIE H
STREET ADDRESS 9020 RANCHO DEL RIO DR, SUITE 122
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-05 727-376-6831

Date

Daytime Phone #

ALEX R. DEEB, PRESIDENT