

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000000426

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



Principal Place of Business
9400 RIVER CROSSING BLVD
102
NEW PORT RICHEY, FL 34655

Mailing Address
9400 RIVER CROSSING BLVD
102
NEW PORT RICHEY, FL 34655



01062008 No Chg-NP

CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0814341

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DEEB, ALEX R
9400 RIVER CROSSING BLVD
102
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 restate)

DATE

Filing Fee is \$81.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000837923
03/05/08-80010-010 70.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DEEB, ALEX R
STREET ADDRESS 9400 RIVER CROSSING BLVD, SUITE 102
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE VD
NAME DEEB, RICHARD G
STREET ADDRESS 9400 RIVER CROSSING BLVD, SUITE 102
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE VTD
NAME DEEB, THOMAS P
STREET ADDRESS 9400 RIVER CROSSING BLVD, SUITE 102
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE S
NAME SINDELAR, MARJORIE H
STREET ADDRESS 9400 RIVER CROSSING BLVD, SUITE 102
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Alex R Deeb President

11/3/08

Date

727 376-6832

Daytime Phone #