
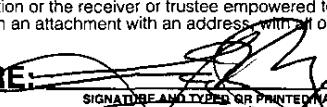


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90004 043 \*\*\*\*61.25

<b>DOCUMENT # N97000001148</b> 1. Entity Name <b>UNITED COMMUNITIES OF HERNANDO COUNTY, INC.</b>					
Principal Place of Business <b>6101 KRISTA DRIVE SPRINGHILL, FL 34609</b>			Mailing Address <b>P. O. BOX 6544 SPRING HILL, FL 34611 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BLOOM, JOHN 6101 KRISTA DRIVE SPRINGHILL, FL 34609</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PD <input type="checkbox"/> Delete <b>BLOOM, JOHN</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>6101 KRISTA DR</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>SPRING HILL, FL 34609</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD <input type="checkbox"/> Delete <b>MYERS, GREG K</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P.O. BOX 10189</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>BROOKSVILLE, FL 346030189</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Delete <b>GESSELLI, ANNETTE</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8164 TEDBURN PARK</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>SPRING HILL, FL 34607</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input checked="" type="checkbox"/> Delete <b>CONSTANTS, DOROTHY</b>				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>4436 GASTON STREET</b>				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>SPRING HILL, FL 34607</b>				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP					<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DVP <input type="checkbox"/> Delete <b>PUTTRE, VINCE</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>5104 CARNATION CT</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>SPRING HILL, FL 34607</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> Delete <b>ROCCO, ROSE</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8189 ENGLISH ELM CIRCLE</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>SPRING HILL, FL 34606</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP					<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JOHN MURRAY</b>				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2288 Current Place</b>				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>Spring Hill, FL 34608</b>				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP					<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>  <b>GREG K. MYERS, Treas.</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>2/26/04</b> Daytime Phone #	

**54015058**



02262004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3423970** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**