

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001148

FILED
Jan 07, 2006
Secretary of State

Entity Name: UNITED COMMUNITIES OF HERNANDO COUNTY, INC.

Current Principal Place of Business:

6101 KRISTA DRIVE
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6544
SPRING HILL, FL 34611 US

New Mailing Address:

FEI Number: 59-3423970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOM, JOHN
6101 KRISTA DRIVE
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLOOM, JOHN
Address: 6101 KRISTA DR
City-St-Zip: SPRING HILL, FL 34609

Title: TD () Delete
Name: MYERS, GREG K
Address: P.O. BOX 10189
City-St-Zip: BROOKSVILLE, FL 346030189

Title: D () Delete
Name: GESSELLI, ANNETTE
Address: 8164 TEDBURN PARK
City-St-Zip: SPRING HILL, FL 34607

Title: SD () Delete
Name: MURRAY, JOANN
Address: 2288 CURRANT PLACE
City-St-Zip: SPRING HILL, FL 34608

Title: DVP () Delete
Name: PUTTRE, VINCE
Address: 5104 CARNATION CT
City-St-Zip: SPRING HILL, FL 34607

Title: D () Delete
Name: ROCCO, ROSE
Address: 8189 ENGLISH ELM CIRCLE
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: PUTTRE, VINCE
Address: P.O. BOX 6544
City-St-Zip: SPRING HILL, FL 346116544

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREG K. MYERS

DT

01/07/2006

Electronic Signature of Signing Officer or Director

Date