2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001148

FILED Jan 31, 2007 Secretary of State

Entity Name: UNITED COMMUNITIES OF HERNANDO COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 6101 KRISTA DRIVE SPRING HILL, FL 34609 **Current Mailing Address: New Mailing Address:** P. O. BOX 6544 SPRING HILL, FL 34611 US FEI Number: 59-3423970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLOOM, JOHN 6101 KRISTA DRIVE SPRING HILL, FL 34609 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BLOOM, JOHN Name: Name: 6101 KRISTA DR Address: Address: City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: Title: TD () Delete Title: () Change () Addition MYERS, GREG K Name: Name: Address: P.O. BOX 10189 Address: City-St-Zip: BROOKSVILLE, FL 346030189 City-St-Zip: Title: () Delete Title: () Change () Addition GESSELLI, ANNETTE Name: Name: 8164 TEDBURN PARK Address: Address: City-St-Zip: SPRING HILL, FL 34607 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition Name: MURRAY, JOANN Name: MURRAY, JOANNE 2288 CURRANT PLACE Address: 2288 CURRANT PLACE Address: City-St-Zip: SPRING HILL, FL 34608 City-St-Zip: SPRING HILL, FL 34608 Title: DVP () Delete Title: () Change () Addition PUTTRE, VINCE Name: Name: P.O. BOX 6544 Address: Address: City-St-Zip: SPRING HILL, FL 346116544 City-St-Zip: Title: () Delete Title: (X) Change () Addition ROCCO, ROSE ROCA, LOU Name: Name: Address: 8189 ENGLISH ELM CIRCLE Address: 14473 MIDDLE FAIRWAY DRIVE SPRING HILL, FL 34606 City-St-Zip: BROOKSVILLE, FL 34609 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 TD 01/31/2007