

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001148

FILED
Apr 28, 2009
Secretary of State

Entity Name: UNITED COMMUNITIES OF HERNANDO COUNTY, INC.

Current Principal Place of Business:

6101 KRISTA DRIVE
SPRING HILL, FL 34609 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6544
SPRING HILL, FL 346116544 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 US

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

Title: D () Delete
Name: MURPHY, JOHN
Address: 10074 HUCKLEBERRY DRIVE
City-St-Zip: SPRING HILL, FL 34608 US

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

Title: D () Delete
Name: MAIR, FRED
Address: P.O. BOX 6544
City-St-Zip: SPRING HILL, FL 346116544 US

Title: D () Delete
Name: ROCA, LOU
Address: 14473 MIDDLE FAIRWAY DRIVE
City-St-Zip: BROOKSVILLE, FL 34609 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify 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

04/28/2009

Electronic Signature of Signing Officer or Director

Date