

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90426 025 ****61.25

DOCUMENT # N99000003083					
1. Entity Name HERNANDO BEACH SOUTH PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 10730 US 19 NORTH 17 PORT RICHEY, FL 34668			Mailing Address 10730 US NORTH 17 PORT RICHEY, FL 34668		
2. Principal Place of Business 6710 Embassy Blvd Suite, Apt. #, etc. 204		3. Mailing Address PO Box 1407 Suite, Apt. #, etc.			
City & State Port Richey FL		City & State Port Richey FL		4. FEI Number 59-3567217	
Zip 34668		Country Pasco		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERG, ROBERT L 10730 US NORTH 17 PORT RICHEY, FL 34668			7. Name and Address of New Registered Agent Name Mary Ann Myszkowiak Street Address (P.O. Box Number is Not Acceptable) Coastal Management 6710 Embassy Blvd Suite 204 City Port Richey FL 34668		
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: 4/12/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE CP NAME HAAG, BRIGITTE STREET ADDRESS 3464 PALOMETZ DR. CITY-ST-ZIP HERNANDO BEACH, FL 34607	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Ed Palcisco STREET ADDRESS 3472 Bluefish Dr CITY-ST-ZIP 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE CVP NAME GARRETT, JAMES STREET ADDRESS 4049 CROAKER DR. CITY-ST-ZIP HERNANDO BEACH, FL 34607	<input checked="" type="checkbox"/> Delete		TITLE Hernando Beach FL NAME SD STREET ADDRESS Diane Overbeek CITY-ST-ZIP 4049 Jewfish Dr 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SWEAT, MELVIN STREET ADDRESS 3327 CROAKER DR. CITY-ST-ZIP HERNANDO BEACH, FL 34607	<input checked="" type="checkbox"/> Delete		TITLE Hernando Beach FL 34607 NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WESTERBERG, THOMAS STREET ADDRESS 4025 AMBERJACK DR. CITY-ST-ZIP HERNANDO BEACH, FL 34607	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Diane Gayhart STREET ADDRESS 4017 Triggerfish Dr CITY-ST-ZIP Hernando Beach FL 34607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PERSONS, WILLIAM STREET ADDRESS 3352 TRIGGERFISH DR CITY-ST-ZIP HERNANDO BEACH, FL 34607	<input type="checkbox"/> Delete		TITLE PD NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME DEAN, MIKE STREET ADDRESS 3480 CROAKER DR. CITY-ST-ZIP HERNANDO BEACH, FL 34607	<input checked="" type="checkbox"/> Delete		TITLE D NAME Mike Prescott STREET ADDRESS 3402 Amberjack Dr CITY-ST-ZIP Hernando Beach FL 34607	<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 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: 4/12/06 727-869-9734 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					