


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90019 005 ****61.25

DOCUMENT # N99000003083 1. Entity Name HERNANDO BEACH SOUTH PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 6710 EMBASSY BLVD 204 PORT RICHEY, FL 34668			Mailing Address P.O BOX 1407 PORT RICHEY, FL 34673		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3567217	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MYSKONIAK, MARY ANN COASTAL MGMT 6710 EMBASSY BLVD., STE 204 PORT RICHEY, FL 34668				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2007		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	VPD <input checked="" type="checkbox"/> Delete		TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALCISCO, ED		NAME	JAMES SORNOWSKI	
STREET ADDRESS	3472 BLUEFISH DR		STREET ADDRESS	3343 Croaker St	
CITY-ST-ZIP	HERNANDO BEACH, FL 34607		CITY-ST-ZIP	Hernando Beach FL 34607	
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OVERBEEK, DIANE		NAME		
STREET ADDRESS	4049 JENFISH DR		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO BEACH, FL 34607		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAYHART, DIANE		NAME		
STREET ADDRESS	4017 TRIGGERFISH DR		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO BEACH, FL 34607		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEARSONS, WILLIAM		NAME		
STREET ADDRESS	3352 TRIGGERFISH DR		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO BEACH, FL 34607		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRESCOTT, MIKE		NAME	mel. Sweat	
STREET ADDRESS	3402 AMBERJACK DR		STREET ADDRESS	3327 Croaker Dr	
CITY-ST-ZIP	SPRING HILL, FL 34607		CITY-ST-ZIP	Hernando Beach FL 34607	
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	steve ORR	
STREET ADDRESS			STREET ADDRESS	3463 Croaker Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Hernando Beach FL 34607	
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: <i>William Pearson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/24/07 727-859-9734 Date Daytime Phone #		

40108496



04062007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3567217

Applied For
Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES SORNOWSKI
STREET ADDRESS	3343 Croaker St
CITY-ST-ZIP	Hernando Beach FL 34607
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	mel. Sweat
STREET ADDRESS	3327 Croaker Dr
CITY-ST-ZIP	Hernando Beach FL 34607
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	steve ORR
STREET ADDRESS	3463 Croaker Dr
CITY-ST-ZIP	Hernando Beach FL 34607

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SIGNATURE: *William Pearson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 727-859-9734
Date Daytime Phone #