

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003083

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** HERNANDO BEACH SOUTH PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6710 EMBASSY BLVD  
206  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 1407  
PORT RICHEY, FL 34673

**New Mailing Address:**

**FEI Number:** 59-3567217

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MYSZKOWIAK, MARY ANN  
COASTAL MGMT  
6710 EMBASSY BLVD., STE 206  
PORT RICHEY, FL 34668 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: SD  
Name: RAU, VIRGINIA  
Address: PO BOX 1407  
City-St-Zip: PORT RICHEY, FL 34673

Title: PD  
Name: OVERBEEK, DIANE  
Address: PO BOX 1407  
City-St-Zip: PORT RICHEY, FL 34673

Title: TD  
Name: GAYHART, DIANE  
Address: PO BOX 1407  
City-St-Zip: PORT RICHEY, FL 34673

Title: D  
Name: GARRETT, JIM  
Address: PO BOX 1407  
City-St-Zip: PORT RICHEY, FL 34673

Title: D  
Name: SWEAT, MEL  
Address: PO BOX 1407  
City-St-Zip: PORT RICHEY, FL 34673

Title: VPD  
Name: RICE, JIM  
Address: PO BOX 1407  
City-St-Zip: PORT RICHEY, FL 34673 US

I hereby 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 all other like empowered.

SIGNATURE: MARY ANN MYSZKOWIAK

RA

04/14/2010

Electronic Signature of Signing Officer or Director

Date