

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000004820

1. Entity Name  
HERNANDO EXOTIC BIRD CLUB, INC.



Principal Place of Business

14415 DABNEY COURT  
SPRING HILL, FL 34610

Mailing Address

14415 DABNEY COURT  
SPRING HILL, FL 34610

**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3514751

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLINK, SALLIE  
14415 DABNEY COURT  
SPRING HILL, FL 34610

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IN THIS SPACE**

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

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME TUOMI, MONA  
STREET ADDRESS 17016 BOSLEY DRIVE  
CITY-ST-ZIP BROOKSVILLE, FL 34610

TITLE D  
NAME FOWLER, MARY  
STREET ADDRESS 8211 CRESAP STREET  
CITY-ST-ZIP BROOKSVILLE, FL 34613

TITLE D  
NAME FEIERABEND, KEITH  
STREET ADDRESS 15427 DENNIS DRIVE  
CITY-ST-ZIP HUDSON, FL 34689

TITLE P  
NAME KLINK, SALLIE  
STREET ADDRESS 14415 DABNEY COURT  
CITY-ST-ZIP SPRING HILL, FL 34610

TITLE VP  
NAME ARNSTEIN, PAUL  
STREET ADDRESS 15129 GARSON LOOP  
CITY-ST-ZIP SPRING HILL, FL 34610

TITLE S  
NAME PACNIELLO, CARLA  
STREET ADDRESS 8139 WINTER STREET  
CITY-ST-ZIP BROOKSVILLE, FL 34613

000000281850  
03/31/05-80019-015 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Diane Hagert, Diane Hagert, Treasurer* 3/29/05 (352) 796-6627  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #