

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000005788

1. Entity Name
HANDS - ON WOODTURNERS, INC.



Principal Place of Business
**111 E KELLER CT
HERNANDO, FL 34442 US**

Mailing Address
**111 E KELLER CT
HERNANDO, FL 34442 US**



02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0957574

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SOSPENZI, FRANK
111 E KELLER CT
HERNANDO, FL 34442**

**DO NOT WRITE
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000821315
02/19/08-80019-011 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DIMONA, NICK
3731 W PROMONOTORY DRIVE
HERNANDO, FL 34442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CORTESE, TONY
20850 NW 13TH ST
DUNNELLON, FL 34431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SOSPENZI, FRANK
111 EAST KELLER CT
HERNANDO, FL 34442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CATON, AL
11882 BLUE HERON CT
DUNNELLON, FL 34432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HABEDANK, OTTO
14696 SW 110 CR
DUNNELLON, FL 34432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/2008

352-746-5805