

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002364

Entity Name: HERNANDO COUNTY INTERGROUP, INC.**Current Principal Place of Business:**4118 LAMSON AVENUE
SPRING HILL, FL 34608-3702**Current Mailing Address:**4118 LAMSON AVENUE
SPRING HILL, FL 34608-3702 US**FEI Number:** 27-0083775**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARKLINSKY, DONNA LEIGH
4118 LAMSON AVENUE
SPRING HILL, FL 34608-3702 US*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:** DONNA MARKLINSKY

03/15/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN
Name	SCHMIDT, WENDY
Address	4118 LAMSON AVE
City-State-Zip:	SPRING HILL FL 34608

Title	TREASURER
Name	MARKLINSKY, DONNA
Address	4118 LAMSON AVENUE
City-State-Zip:	SPRING HILL FL 34608-3702

Title	SECRETARY
Name	MCMICHAEL, DEE
Address	4118 LAMSON AVE
City-State-Zip:	SPRING HILL FL 34608

Title	OFFICE DIRECTOR
Name	MORRISON, JJ
Address	4118 LAMSON AVENUE
City-State-Zip:	SPRING HILL FL 34608-3702

Title	HOTLINE DIRECTOR
Name	VERRECCHIO, JOHNNY
Address	4118 LAMSON AVE
City-State-Zip:	SPRING HILL FL 34608-3744

Title	ALT-CHAIRMAN
Name	STIDHAM, EDWARD
Address	4118 LAMSON AVE
City-State-Zip:	SPRING HILL FL 34608-3744

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: DONNA MARKLINSKY

TREASURER

03/15/2021

Electronic Signature of Signing Officer/Director Detail

Date