

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000001392

Entity Name: HERNANDO COUNTY RETIRED EDUCATORS ASSOCIATION, INC.**FILED**
Feb 03, 2024
Secretary of State
8292787557CC**Current Principal Place of Business:**6017 FOREST CREEK DRIVE
BROOKSVILLE, FL 34601**Current Mailing Address:**6017 FOREST CREEK DRIVE
BROOKSVILLE, FL 34601 US**FEI Number: 81-2030159****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BERRY, EMILY
4395 CALIQUEN DRIVE
BROOKSVILLE, FL 34604 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	KELLEY, LINDA
Address	407 NORTH LEMON AVENUE
City-State-Zip:	BROOKSVILLE FL 34601

Title	TD
Name	SOLOMON, ALAN R
Address	6017 FOREST CREEK DRIVE
City-State-Zip:	BROOKSVILLE FL 34601

Title	VP
Name	KENNEDY, DIANE
Address	1828 SOUTH HOYLAKE TERR.
City-State-Zip:	LECANTO FL 34461

Title	SECRETARY
Name	TWYMAN, SHARON
Address	14241 PULLMAN DRIVE
City-State-Zip:	SPRING HILL FL 34609

Title	TREASURER
Name	SOLOMON, ALAN ROBERT
Address	6017 FOREST CREEK DRIVE
City-State-Zip:	BROOKSVILLE FL 34601

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: SOLOMON, ALAN R**TREASURER****02/03/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date