

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000010484

Entity Name: HERNANDO COUNTY MANUFACTURERS ASSOCIATION INC**Current Principal Place of Business:**5471 SPRING HILL DR
SPRING HILL, FL 34606**Current Mailing Address:**5471 SPRING HILL DR
SPRING HILL, FL 34606 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOODRUFF, RANDALL
5471 SPRING HILL DR
SPRING HILL, FL 34606 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	VC
Name	JARMAN, KEITH
Address	2347 CIRCUIT WAY
City-State-Zip:	BROOKSVILLE FL 34604

Title	SEC
Name	WALASEK, ERIK
Address	15351 FLIGHT PATH DRIVE
City-State-Zip:	BROOKSVILLE FL 34604

Title	DIRECTOR
Name	CHICHESTER, DUANE
Address	5471 SPRING HILL DR
City-State-Zip:	SPRING HILL FL 34606

Title	TR
Name	LECLAIR, LINDA
Address	1038 SHENANDOAH LN
City-State-Zip:	SPRING HILL FL 34606

Title	CHAIRMAN
Name	HOWISON, CHIP
Address	2401 CORPORATE BLVD
City-State-Zip:	BROOKSVILLE FL 34604

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: DUANE CHICHESTER**DIRECTOR****03/31/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date