

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **762601** (3)

1. Corporation Name
CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**2468 NO ESSEX AVE
HAMPTON SO
HERNANDO FL 34442
US**

Mailing Address
**PO BOX 6376
HOMOSASSA SPRINGS FL 34447
US**

3. Date Incorporated or Qualified **03/26/1982** 3a. Date of Last Report **04/14/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number **59-2480706** Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**COOLEY, RUSSELL E
2 MASTIC CT W
HOMOSASSA FL 34446**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	KIDDER, JAMES
STREET ADDRESS	2468 NO ESSEX AVE
CITY-ST-ZIP	HERNANDO FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	LONGTIN, PAUL
STREET ADDRESS	2468 NO ESSEX AVE
CITY-ST-ZIP	HERNANDO FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SWANSON, PATRICIA
STREET ADDRESS	360 E HARTFORD ST
CITY-ST-ZIP	HERNANDO FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	SMITH, CATHERINE
STREET ADDRESS	2468 NO ESSEX AVE
CITY-ST-ZIP	HERNANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DRISCOLL, TIMOTHY
STREET ADDRESS	770 E. IRELAND CT. #2
CITY-ST-ZIP	HERNANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SOSPENZI, FRANK
STREET ADDRESS	111 E KELLER CT
CITY-ST-ZIP	HERNANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BEATRICE GATES
1.3 STREET ADDRESS	389 W. KELLER
1.4 CITY-ST-ZIP	HERNANDO FL 34442
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RENE LALIBERTY
2.3 STREET ADDRESS	338 N. HIGHVIEW AVE
2.4 CITY-ST-ZIP	HERNANDO FL 34442
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **888-P7-E888E1K7-TPE857** **1/30/96** **-352-382-2440-**
DATE: _____ DAYTIME PHONE # _____

CR2E037 (12/95)

Line 12. (Continued)

OFFICERS AND DIRECTORS:

TD
ASHTON, ERNEST
347 E KELLER CT
HERNANDO, FL 34442

Addition