

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



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

FILED

98 FEB -9 PM 3:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **762601**

1. Corporation Name
Citrus Hills Property Owners Association, Inc.

Principal Place of Business
**2468 North Essex Ave.
 Hernando, FL 34442**

Mailing Address
**2468 North Essex Ave.
 Hernando, FL 34442**

REINSTATEMENT 97-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/26/82	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2480706	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Gates, Beatrice	389 W. Keller Court	Hernando, FL 34442
PD	Swanson, Patricia	360 E. Hartford Street	Hernando, FL 34442
VD	Laliberty, Rene	338 N. Highview Ave.	Hernando, FL 34442
D	Gatz, Donald	505 E. Charleston Ct.	Hernando, FL 34442
SD	Driscoll, Timothy	770 E. Ireland Ct.	Hernando, FL 34442
TD	Ashton, Ernest	347 E. Keller Court	Hernando, FL 34442

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Alvah L. Cox, Jr., CPA, P.A. 2424 N. Essex Ave. Hernando, FL 34442		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		400002429374--4	
		Suite, Apt. #, Etc.	
		-02/12/98--01102--009	
		City	
		State	
		FL	
		Zip Code	
		****297.50	
		****297.50	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Alvah L. Cox, Jr.* Date: *2/2/98*

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Patricia A. Swanson* Patricia Swanson Date: _____ 352-746-7577
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (12/96)

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7, Namers and Stree Addresses of Each Officer and/or Director - continued

D Manhećk, Virginia 660 E. Keller Ct. Hernando, FL 34442