


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUN 24 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762601			
1. Entity Name CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 2450 N. CITRUS HILLS BLVD. HERNANDO, FL 34442 US		Mailing Address 2450 N. CITRUS HILLS BLVD. HERNANDO, FL 34442 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2480706		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRINGALI, MICHAEL 2450 N. CITRUS HILLS BLVD. JOSEPH & COMPANY CPA'S, INC. HERNANDO, FL 34442		Name Street Address (P.O. Box Number is Not Acceptable) City	
		100038291071 06/28/04 01004 011 **61.25 FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	5D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, CAROL	NAME	ROSEMARY JONES
STREET ADDRESS	3250 N BOSWELL TER	STREET ADDRESS	727 E GILCREST CT.
CITY-ST-ZIP	HERNANDO, FL 34442	CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	VPD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, THOMAS	NAME	RUSSELL HOLLINGSWORTH
STREET ADDRESS	136 E. JOPLIN CT.	STREET ADDRESS	165 W. LIBERTY ST.
CITY-ST-ZIP	HERNANDO, FL 34442	CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINN, TIM	NAME	NANCY HAMMOND
STREET ADDRESS	197 E JOPLIN CT	STREET ADDRESS	797 E. IRELAND CT.
CITY-ST-ZIP	HERNANDO, FL 34442	CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOOPS, JACK	NAME	JIM ROMLER
STREET ADDRESS	1393 N ANNAPOLIS AVE	STREET ADDRESS	270 E KELLER CT.
CITY-ST-ZIP	HERNANDO, FL 34442	CITY-ST-ZIP	HERNANDO FL 34442
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, ROBERT	NAME	
STREET ADDRESS	1602 W STAFFORD ST	STREET ADDRESS	
CITY-ST-ZIP	HERNANDO, FL 34442	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYLES, SALLY	NAME	
STREET ADDRESS	628 E CHARLESTON CT.	STREET ADDRESS	
CITY-ST-ZIP	HERNANDO, FL 34448	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Sally Pyles</i>		SALLY PYLES	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		TREASURER	
		Date	
		Daytime Phone # 352-746-1400	