


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90026 023 ****61.25

| | | | | | |
|---|-----------------------|--|--|--|--|
| DOCUMENT # 762601 | | | |  | |
| 1. Entity Name CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2541 N RESTON TERR HERNANDO, FL 34442 US | | | Mailing Address 2541 N RESTON TERR HERNANDO, FL 34442 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 02282007 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-2480706 | |
| | | | | Applied For 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 | |
| CABANA & CO, INC. 2541 N RESTON TERR HERNANDO, FL 34442 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | 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 <i>William Nebraska Cabana & Co Inc</i> | | | | DATE 3/29/07 | |
| Signature typed, printed name of registered agent and title if applicable | | | | (NOTE: Registered Agent signature required when reinstating) | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | SD | <input type="checkbox"/> Delete | TITLE | D. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JONES, ROSEMARY | | NAME | William Nebraska | |
| STREET ADDRESS | 727 E GILCHRIST CT | | STREET ADDRESS | 250 E Ireland Ct | |
| CITY-ST-ZIP | HERNANDO, FL 34442 | | CITY-ST-ZIP | Hernando FL 34442 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | THOMAS, PAUL | | NAME | Basil Ucci | |
| STREET ADDRESS | 2828 N CLEMENT AVE | | STREET ADDRESS | 4067 N Lecanto Hwy | |
| CITY-ST-ZIP | HERNANDO, FL 34442 | | CITY-ST-ZIP | Beverly Hills FL 34465 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CIRIELLO, LEN | | NAME | | |
| STREET ADDRESS | 581 E KELLER CDT | | STREET ADDRESS | | |
| CITY-ST-ZIP | HERNANDO, FL 34442 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIALLOMBARDO, MAUREEN | | NAME | | |
| STREET ADDRESS | 750 E FALCONOY CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | HERNANDO, FL 34442 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLLINGSWORTH, RUSS | | NAME | | |
| STREET ADDRESS | 165 W LIBERTY ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | HERNANDO, FL 34442 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REMLER, JIM | | NAME | | |
| STREET ADDRESS | 270 E KELLER CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | HERNANDO, FL 34442 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>William Nebraska Cabana & Co Inc</i> | | | | DATE 4/5/07 | |
| Signature typed or printed name of signing officer or director | | | | Date | |
| | | | | Daytime Phone # 352-746-7577 | |

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