

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

1995



APPROVED
1995

MAY 1 1995 13:15

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **N29339** (1)

CELINA HILLS PROPERTY OWNER'S ASSOCIATION, INC.

2. Principal Office Address 2464 N ESSEX AVENUE HERNANDO FL 34442		2a. Mailing Address 2464 N ESSEX AVENUE HERNANDO FL 34442		3. Date of Last Report 11/17/1988		3b. Date of Last Report 03/29/1994	
21. 6-2-20 W. CORPORATE OAKS DR. State: FL		26. 6-2-20 W. CORPORATE OAKS DR. State: FL		4. Filing Number 59-2926155		5. Certificate of Status (checked) <input type="checkbox"/> \$8.75 Additional Fee Required	
22. City: State: Zip: Code: Crystal River FL 34429		27. City: State: Zip: Code: Crystal River FL 34429		6. For this filing, report prepared by (checked) <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Nonprofit with IRS Section 501(c)(3) Status (checked) <input type="checkbox"/> \$68.75 Supplemental Fee Not Required	
24. 34429		25. CR		29. 34429		30. CR	

9. Name and Address of Current Registered Agent BEAUDET, DONALD R. CPA 2464 N. ESSEX AVENUE HERNANDO FL 34442				10. Name and Address of New Registered Agent 81. Name: ROBERT SCHLUMBERGER 82. Street Address (P.O. Box Number or Post Office Building): 6220 W. CORPORATE OAKS DR. 83. City: State: Zip: Code: 84. City: CRYSTAL RIVER FL 85. Zip Code: 34429			
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11. I, the undersigned, the president of the above named corporation, certify that the above named corporation satisfies the statement for the purpose of changing its registered office as required by law 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 the only person authorized to accept this appointment in Florida.

SIGNATURE: *Robert Schlumberger* **ROBERT SCHLUMBERGER** 4/30/95

12. OFFICERS AND DIRECTORS	13. STOCKHOLDERS																	
<table border="1"> <tr> <td>NAME</td> <td>PD FALK, EUGENE H. 2156 NEW HAVEN ST. INVERNESS FL</td> <td> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add/In 2156 L. NEW HAVEN ST. INVERNESS FL 34453 </td> </tr> <tr> <td>NAME</td> <td>VPD KNEES, VOLKER H. P.O. BOX 847 (N/A) INVERNESS FL</td> <td> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/In 34451 </td> </tr> <tr> <td>NAME</td> <td>STD DEWITT, DARLENE 2578 E. NEW HAVEN ST INVERNESS FL 34453</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Add/In 34451 </td> </tr> <tr> <td>NAME</td> <td>D MOTT, NOELLA 2601 E. CELINA STREET INVERNESS FL 34453</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/In COOKE, RAYMOND 1046 N. NASHUA TERR. INVERNESS, FL 34453 </td> </tr> <tr> <td>NAME</td> <td>D DEMERS, JOHN 2434 N. NEW HAVEN ST. INVERNESS FL 33453</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/In 2434 E. NEW HAVEN ST. </td> </tr> <tr> <td>NAME</td> <td>D BURNS, LUCY R 2118 E. MARCIA ST. INVERNESS FL</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/In BEARNO, FRANK 2846 L. NEW HAVEN ST INVERNESS, FL 34453 </td> </tr> </table>	NAME	PD FALK, EUGENE H. 2156 NEW HAVEN ST. INVERNESS FL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add/In 2156 L. NEW HAVEN ST. INVERNESS FL 34453	NAME	VPD KNEES, VOLKER H. P.O. BOX 847 (N/A) INVERNESS FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/In 34451	NAME	STD DEWITT, DARLENE 2578 E. NEW HAVEN ST INVERNESS FL 34453	<input type="checkbox"/> Change <input type="checkbox"/> Add/In 34451	NAME	D MOTT, NOELLA 2601 E. CELINA STREET INVERNESS FL 34453	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/In COOKE, RAYMOND 1046 N. NASHUA TERR. INVERNESS, FL 34453	NAME	D DEMERS, JOHN 2434 N. NEW HAVEN ST. INVERNESS FL 33453	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/In 2434 E. NEW HAVEN ST.	NAME	D BURNS, LUCY R 2118 E. MARCIA ST. INVERNESS FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/In BEARNO, FRANK 2846 L. NEW HAVEN ST INVERNESS, FL 34453
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14. I, the undersigned, certify that the information supplied with this report is true and correct and that the corporation satisfies the statement for the purpose of changing its registered office as required by law 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 the only person authorized to accept this appointment in Florida.

SIGNATURE: *Eugene H. Falk* **EUGENE H. FALK** 4/30/95 904-195-3691

CELINA HILLS PROPERTY OWNERS ASSOCIATION INC. N203309
59-2926155

ADDITIONAL OFFICERS & DIRECTORS

TITLE D
ADAMS, GEORGE
2228 E. MARCIA ST.
INVERNESS, FL 34453