

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 # **N29339 (1)**
1. Corporation Name
CELINA HILLS PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
**6220 W CORPORATE OAKS DR
CRYSTAL RIVER FL 34429
US**

3. Date Incorporated or Qualified **11/17/1988** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2926155** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**SCHULMBERGER, ROBERT
6220 W CORPORATE OAKS DR
CRYSTAL RIVER FL 34429**

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	FALK, EUGENE H.	
STREET ADDRESS	2156 E NEW HAVEN ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KNEES, VOLKER H	
STREET ADDRESS	P.O. BOX 847 (N/A)	
CITY-ST-ZIP	INVERNESS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DEWITT, DARLENE	
STREET ADDRESS	2578 E. NEW HAVEN ST	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOKE, RAYMOND	
STREET ADDRESS	1046 N NASHUA TERR	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEMERS, JOHN	
STREET ADDRESS	2434 NEW HAVEN ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DECARLO, FRANK	
STREET ADDRESS	2856 E NEW HAVEN ST	
CITY-ST-ZIP	INVERNESS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEORGE ADAMS	
1.3 STREET ADDRESS	2229 E. MARCIA ST.	
1.4 CITY-ST-ZIP	INVERNESS FL 34453	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT CLAMPITT	
3.3 STREET ADDRESS	2259 E. MARCIA ST.	
3.4 CITY-ST-ZIP	INVERNESS FL 34453	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MELVYN ROWAN	
4.3 STREET ADDRESS	2620 E. NEW HAVEN ST.	
4.4 CITY-ST-ZIP	INVERNESS FL 34453	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ANTHONY APONTE	
5.3 STREET ADDRESS	2815 E. CELINA ST.	
5.4 CITY-ST-ZIP	INVERNESS FL 34453	
6.1 TITLE		<input 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: *Volker H. Knees* Volker H. KNEES 352-793-3691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone: #

CR2E037 (12/95)