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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 6220 W CORPORATE OAKS DR CRYSTAL RIVER FL 34429 US
Mailing Address: 6220 W CORPORATE OAKS DR CRYSTAL RIVER FL 34429-8723 US

3. Date Incorporated or Qualified: 11/17/1988
3a. Date of Last Report: 05/01/1996
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 (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD ADAMS, GEORGE	1.1 TITLE	PD
NAME	2228 E MARCIA ST INVERNESS FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	34453
TITLE	PD KNEES, VOLKER H	2.1 TITLE	STD
NAME	P.O. BOX 847 (N/A) INVERNESS FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	2589 E. NEWHAVEN ST.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	INVERNESS FL
TITLE	D CLAMPITT, ROBERT	3.1 TITLE	
NAME	2259 E MARCIA ST INVERNESS FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	34453
TITLE	D ROWAN, MELVIN	4.1 TITLE	VPD
NAME	2620 E NEW HAVEN ST INVERNESS FL	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	34453
TITLE	D APONTE, ANTHONY	5.1 TITLE	D
NAME	2815 E CELINA ST INVERNESS FL	5.2 NAME	CLOUTHIER, CAROL
STREET ADDRESS		5.3 STREET ADDRESS	2249 E. CELINA ST.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	INVERNESS FL 34453
TITLE	D DECARLO, FRANK	6.1 TITLE	D
NAME	2856 E NEW HAVEN ST INVERNESS FL	6.2 NAME	SYMONS, GUY
STREET ADDRESS		6.3 STREET ADDRESS	2704 E. MARCIA ST.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	INVERNESS FL 34453

14. I do 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 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 Date: 3/11/97 Daytime Phone #: 352-795-3691

CR2E037 (9/96)

Doc # N29339
CELINA HILLS POA INC. ADDTL OFFICERS
59-2926155

D

ADDITION

LEBLANC, WALTER
2038 E. CELINA ST.
INVERNESS FL 34453