


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 11/17/1988	
4. FEI Number 59-2926155	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 85 Zip Code FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ADAMS, GEORGE
STREET ADDRESS	2228 E MARCIA ST
CITY-ST-ZIP	INVERNESS FL
TITLE	STD
NAME	KNEES, VOLKER H
STREET ADDRESS	2589 E. NEW HAVEN ST
CITY-ST-ZIP	INVERNESS FL
TITLE	D
NAME	CLAMPITT, ROBERT
STREET ADDRESS	2250 E MARCIA ST
CITY-ST-ZIP	INVERNESS FL
TITLE	VPD
NAME	ROWAN, MELVIN
STREET ADDRESS	2620 E NEW HAVEN ST
CITY-ST-ZIP	INVERNESS FL
TITLE	D
NAME	CLOUTHIER, CAROL
STREET ADDRESS	2249 E. CELINA ST
CITY-ST-ZIP	INVERNESS FL
TITLE	D
NAME	SYMONS, GUY
STREET ADDRESS	2704 E. MARCIA ST
CITY-ST-ZIP	INVERNESS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D. LEBLANC, WALTER
1.3 STREET ADDRESS	2038 EAST CELINA
1.4 CITY-ST-ZIP	INVERNESS, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *[Signature]*

4/27/98 352-795-3601

CP2E037 (10/97)