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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N29339

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/17/1988

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

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

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 DELETE
 NAME ADAMS, GEORGE
 STREET ADDRESS 2228 E MARCIA ST
 CITY-ST-ZIP INVERNESS FL

TITLE STD DELETE
 NAME KNEES, VOLKER H
 STREET ADDRESS 2589 E. NEW HAVEN ST
 CITY-ST-ZIP INVERNESS FL

TITLE D DELETE
 NAME CLAMPITT, ROBERT
 STREET ADDRESS 2259 E MARCIA ST
 CITY-ST-ZIP INVERNESS FL

TITLE VPD DELETE
 NAME ROWAN, MELVIN
 STREET ADDRESS 2620 E NEW HAVEN ST
 CITY-ST-ZIP INVERNESS FL

TITLE D DELETE
 NAME CLOUTHIER, CAROL
 STREET ADDRESS 2249 E. CELINA ST
 CITY-ST-ZIP INVERNESS FL

TITLE D DELETE
 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 Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP 34453

2.1 TITLE Change Addition
 2.2 NAME D GRIMSHAW, DAVID
 2.3 STREET ADDRESS 2085 E CELINA ST
 2.4 CITY-ST-ZIP INVERNESS FL 34453

3.1 TITLE Change Addition
 3.2 NAME D CLOUTHIER, ROBERT
 3.3 STREET ADDRESS 2249 E CELINA ST
 3.4 CITY-ST-ZIP INVERNESS FL 34453

4.1 TITLE Change Addition
 4.2 NAME D LEBLANC, WALTER
 4.3 STREET ADDRESS 2038 E. CELINA ST
 4.4 CITY-ST-ZIP INVERNESS FL 34453

5.1 TITLE Change Addition
 5.2 NAME VPD
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP 34453

6.1 TITLE Change Addition
 6.2 NAME D WERDERITS, ROBERT
 6.3 STREET ADDRESS 2177 E MARCIA ST
 6.4 CITY-ST-ZIP INVERNESS FL 34453

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, with all other like empowered.

SIGNATURE: *George J. Adams* GEORGE J. ADAMS 3/23/99 352-795-3691
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)