


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90014 044 ****61.25

DOCUMENT # N29339

1. Entity 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**

40098107



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07072006 Chg-NP CR2E037 (4/06)

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

4. FEI Number
59-2926155

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHEVALIER, DAVID 2061 E CELINA STREET INVERNESS, FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 2061 E CELINA ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KATCHAVER, ELIZABETH 2181 E NEW HAVEN STREET INVERNESS, FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KUTCHAVER, ELIZABETH 2181 E NEW HAVEN ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLIGAN, GAIL 2139 E NEWHAVEN ST INVERNESS, FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAWELKO, DIANE 2617 E NEWHAVEN ST INVERNESS FL 34453 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATANIA, MARY 2465 E MARCIA STREET INVERNESS, FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2465 E MARCIA ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEVALIER, DAVID 2061 E CELINA ST INVERNESS, FL 34453 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHEVALIER, KANDRA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PELIPADA, JOSIE 2088 E NEWHAVEN ST INVERNESS, FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TABER, ROBERT 2032 E CELINA ST INVERNESS FL 34453 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ROBERT SCHULMBERGER** *REG. AGENT* 7/7/06 352-785-3691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #