


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90091 021 ****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**

40076256



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

04202007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2926155

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHULMBERGER, ROBERT
 6220 W CORPORATE OAKS DR
 CRYSTAL RIVER, FL 34429**

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 May 1, 2007**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHEVALIER, DAVID 2061 E. CELINA ST. INVERNESS, FL 34453 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KATCAVER, ELIZABETH 2181 E. NEWHAVEN ST. INVERNESS, FL 34453 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLIGAN, GAIL 2139 E NEWHAVEN ST INVERNESS, FL 34453 <input checked="" type="checkbox"/> Delete
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	D CHEVALIER, KANDRA 2061 E CELINA ST INVERNESS, FL 34453 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PELIPADA, JOSIE 2088 E NEWHAVEN ST INVERNESS, FL 34453 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHEVALIER, DAVID 2061 E. CELINA ST. INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KUTCAVER, ELIZABETH 2181 E. NEWHAVEN ST. INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MULLIGAN, GAIL 2139 E NEWHAVEN ST INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MULLIGAN, GAIL 2139 E NEWHAVEN ST INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CATANIA, MARY 2465 E MARCIA STREET INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHEVALIER, KANDRA 2061 E CELINA ST INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PELIPADA, JOSIE 2088 E NEWHAVEN ST INVERNESS, FL 34453

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: *Mary Catania*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-07 352-795-3691
Date Daytime Phone #

ATTACHMENT 40076256
CELINA HILLS P.O.A. INC. #N29339

2007 UGR N 29339

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D
PAWELKO, DIANE
2617 E NEWHAVEN ST
INVERNESS FL 34453

NO CHANGE

D
TABER, ROBERT
2632 E CELINA ST
INVERNESS FL 34453

NO CHANGE

SD
HARVEY, CHRISTINE
1137 N NASHUA TER
INVERNESS FL 34453

X ADDITION

VPD
CASAS, DAWN
2116 E MARCIA ST
INVERNESS FL 34453

X ADDITION

D
RIEDEL, PATRICIA
2496 E NEWHAVEN ST
INVERNESS FL 34453

X ADDITION