

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29339

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** CELINA HILLS PROPERTY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

6220 W CORPORATE OAKS DR  
CRYSTAL RIVER, FL 344298723 US

**New Principal Place of Business:**

**Current Mailing Address:**

6220 W CORPORATE OAKS DR  
CRYSTAL RIVER, FL 344298723 US

**New Mailing Address:**

**FEI Number:** 59-2926155      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SCHULMBERGER, ROBERT  
6220 W CORPORATE OAKS DR  
CRYSTAL RIVER, FL 344298723 US

**Name and Address of New Registered Agent:**

SCHLUMBERGER, ROBERT  
6220 W CORPORATE OAKS DR  
CRYSTAL RIVER, FL 344298723 US

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.

SIGNATURE: ROBERT SCHLUMBERGER

05/03/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HARVEY, CHRISTINE  
Address: 1137 N NASHUA TER  
City-St-Zip: INVERNESS, FL 34453

Title: VPD  
Name: MULLIGAN, GAIL  
Address: 2139 E NEWHAVEN ST  
City-St-Zip: INVERNESS, FL 34453

Title: SD  
Name: PELIPADA, JOSIE  
Address: 2088 E NEWHAVEN ST  
City-St-Zip: INVERNESS, FL 34453

Title: TD  
Name: PAWELKO, DIANE  
Address: 2617 E NEWHAVEN ST  
City-St-Zip: INVERNESS, FL 34453

Title: D  
Name: RIEBEL, PATRICIA  
Address: 2496 E NEWHAVEN ST  
City-St-Zip: INVERNESS, FL 34453

Title: D  
Name: ROCAFORT, MARIA  
Address: 2653 E NEWHAVEN ST  
City-St-Zip: INVERNESS, FL 34453

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINE HARVEY

PD

05/03/2010

Electronic Signature of Signing Officer or Director

Date