

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91372 015 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2926155**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	WERDERITS, DONNA	
STREET ADDRESS	2177 E MARCIA ST	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNEES, VOLKER H	
STREET ADDRESS	2589 E. NEW HAVEN ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMSHAW, DAVID	
STREET ADDRESS	2085 E CELINA ST.	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CLOUTHIER, ROBERT	
STREET ADDRESS	2249 E CELINA ST.	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CLOUTHIER, CAROL	
STREET ADDRESS	2249 E. CELINA ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WERDERITS, ROBERT	
STREET ADDRESS	2177 E MARCIA ST.	
CITY-ST-ZIP	INVERNESS FL 34453	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUTCHAVER, ELIZABETH	
STREET ADDRESS	2181 E NEW HAVEN ST	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWERS, FRED	
STREET ADDRESS	2685 E NEWHAVEN ST	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEBLANC, WALTER	
STREET ADDRESS	2038 E CELINA ST	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUGGLES, MARGARET	
STREET ADDRESS	2138 E MARCIA ST	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

R. P. Clouthier **REQUIRED**

4-24-03 352-726-0156

CR2E037 (10/02)