

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **762601** (3)

1. Corporation Name

CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**2468 NO ESSEX AVE
HAMPTON SO
HERNANDO FL 34442
US**

**PO BOX 6376
HOMOSASSA SPRINGS FL 34447
US**

3. Date Incorporated or Qualified
03/26/1982

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2480706

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOLEY, RUSSELL E
2 MASTIC CT W
HOMOSASSA FL 34446**

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 **KIDDER, JAMES**

STREET ADDRESS **2468 NO ESSEX AVE**

CITY-ST-ZIP **HERNANDO FL**

TITLE **TD** ☒ DELETE

NAME **LONGTIN, PAUL**

STREET ADDRESS **2468 NO ESSEX AVE**

CITY-ST-ZIP **HERNANDO FL**

TITLE **VD** ☐ DELETE

NAME **SWANSON, PATRICIA**

STREET ADDRESS **360 E HARTFORD ST**

CITY-ST-ZIP **HERNANDO FL**

TITLE **SD** ☐ DELETE

NAME **SMITH, CATHERINE**

STREET ADDRESS **2468 NO ESSEX AVE**

CITY-ST-ZIP **HERNANDO FL**

TITLE **D** ☐ DELETE

NAME **DRISCOLL, TIMOTHY**

STREET ADDRESS **770 E. IRELAND CT. #2**

CITY-ST-ZIP **HERNANDO FL**

TITLE **D** ☐ DELETE

NAME **SOSPENZI, FRANK**

STREET ADDRESS **111 E KELLER CT**

CITY-ST-ZIP **HERNANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **BEATRICE GATES**

1.3 STREET ADDRESS **389 W. KELLER**

1.4 CITY-ST-ZIP **HERNANDO FL 34442**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **RENE LALIBERTY**

2.3 STREET ADDRESS **338 N. HIGHVIEW AVE**

2.4 CITY-ST-ZIP **HERNANDO FL 34442**

3.1 TITLE **PD** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **VP** ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]*

EE6-P7-E68GE1K7-TPE857

1/30/96

-352-382-2440-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)

Line 12. (Continued)

OFFICERS AND DIRECTORS:

TD
ASHTON, ERNEST
347 E KELLER CT
HERNANDO, FL 34442

Addition