

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762601

1. Entity Name

CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90035 003 ****61.25

Principal Place of Business

2468 NO ESSEX AVE
 HERNANDO FL 34442
 US

Mailing Address

2468 NO ESSEX AVE
 HERNANDO FL 34442-5321
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2480706

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAH L. COX, JR., CPA, P.A.
 2424 N. ESSEX AVE.
 HERNANDO FL 34442

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	CARNEVALE, RONALD	
STREET ADDRESS	362 W. KELLER ST.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, THOMAS	
STREET ADDRESS	136 E. JOPLIN CT.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANCONNIER, JOHN	
STREET ADDRESS	1810 N. ESSEX AVE.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GATZ, DONALD	
STREET ADDRESS	505 E. CHARLESTON CT.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DRISCOLL, TIMOTHY	
STREET ADDRESS	770 E. IRELAND CT.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT COLLINS	
STREET ADDRESS	1602 W. STAFFORD ST.	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIRGINIA MANHECK	
STREET ADDRESS	660 E. KELLER CT	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN FRASER	
STREET ADDRESS	511 E IRELAND CT.	
CITY-ST-ZIP	HERNANDO, FL 34442	
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: RONALD CARNEVALE 3/1/00 352-746-7577
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone #

CR2E037 (9/99)