

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUN 24 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|--|--|--|--|--|--|
| DOCUMENT # 762601 1. Entity Name CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2450 N. CITRUS HILLS BLVD. HERNANDO, FL 34442 US | | | Mailing Address 2450 N. CITRUS HILLS BLVD. HERNANDO, FL 34442 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 59-2480706 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| TRINGALI, MICHAEL 2450 N. CITRUS HILLS BLVD. JOSEPH & COMPANY CPA'S, INC. HERNANDO, FL 34442 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | 100038291071 06/28/04 01004 011 **61.25 FL Zip Code | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small> | | | | | |
| Filing Fee is \$61.25 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | D MITCHELL, CAROL 3250 N BOSWELL TER HERNANDO, FL 34442 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5D ROSEMARY JONES 727 E GILCREST CT. HERNANDO, FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PETERSON, THOMAS 136 E. JOPLIN CT. HERNANDO, FL 34442 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUSSELL HOLLINGSWORTH 165 W. LIBERTY ST. HERNANDO, FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D QUINN, TIM 197 E JOPLIN CT HERNANDO, FL 34442 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NANCY HAMMOND 797 E. IRELAND CT. HERNANDO, FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STOOPS, JACK 1393 N ANNAPOLIS AVE HERNANDO, FL 34442 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TIM ROMLER 270 E KELLER CT. HERNANDO FL 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COLLINS, ROBERT 1602 W STAFFORD ST HERNANDO, FL 34442 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PYLES, SALLY 628 E. CHARLESTON CT. HERNANDO, FL 34448 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>Sally Pyles</i> SALLY PYLES 352-746-1400 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |