

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2005 8:00 am**  
**Secretary of State**

03-09-2005 90032 032 \*\*\*\*61.25



**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**

Applied For

Not Applicable

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

**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

**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  
Due By May 1, 2005**

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

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | SD                       | <input type="checkbox"/> Delete            |
| NAME           | JONES, ROSEMARY          |  |
| STREET ADDRESS | 1727 EAST GILCREST COURT |  |
| CITY-ST-ZIP    | HERNANDO FL 34442        |  |
| TITLE          | VPD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | PETERSON, THOMAS         |  |
| STREET ADDRESS | 136 E. JOPLIN CT.        |  |
| CITY-ST-ZIP    | HERNANDO FL 34442        |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | HAMMOND, RUSSELL         |  |
| STREET ADDRESS | 797 EAST IRELAND COURT   |  |
| CITY-ST-ZIP    | HERNANDO FL 34442        |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | HAMMOND, NANCY           |  |
| STREET ADDRESS | 797 EAST IRELAND COURT   |  |
| CITY-ST-ZIP    | HERNANDO FL 34442        |  |
| TITLE          | PD                       | <input type="checkbox"/> Delete            |
| NAME           | COLLINS, ROBERT          |  |
| STREET ADDRESS | 1602 W STAFFORD ST       |  |
| CITY-ST-ZIP    | HERNANDO FL 34442        |  |
| TITLE          | TD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | PYLES, SALLY             |  |
| STREET ADDRESS | 628 E. CHARLESTON CT.    |  |
| CITY-ST-ZIP    | HERNANDO FL 34448        |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | VPD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RUSS HOLLINGSWORTH    |  |
| STREET ADDRESS | 165 W. LIBERTY ST     |  |
| CITY-ST-ZIP    | HERNANDO, FL 34442    |  |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PAUL THOMAS           |  |
| STREET ADDRESS | 2828 N. CLEMENTS AVE. |  |
| CITY-ST-ZIP    | HERNANDO, FL 34442    |  |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LEN CIRIELLO          |  |
| STREET ADDRESS | 981 E. KELLER CT.     |  |
| CITY-ST-ZIP    | HERNANDO, FL 34442    |  |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JOE MATT              |  |
| STREET ADDRESS | 184 E. JOPLIN CT.     |  |
| CITY-ST-ZIP    | HERNANDO, FL 34442    |  |
| TITLE          | TD                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JIM REMLER            |  |
| STREET ADDRESS | 270 E. KELLER 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:

*[Signature]* Pres

*3/3/2005* 746-7577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #