

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-03-2006 90353 004 ****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 2541 N Reston Ter Suite, Apt. #, etc.			3. Mailing Address 2541 N Reston Ter Suite, Apt. #, etc.		
City & State Hernando FL		City & State Hernando FL		4. FEI Number 59-2480706	
Zip 34442		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRINGALI, MICHAEL 2450 N. CITRUS HILLS BLVD. JOSEPH & COMPANY CPAS, INC. HERNANDO, FL 34442			7. Name and Address of New Registered Agent Name Cabana & Co Inc. Street Address (P.O. Box Number is Not Acceptable) 2541 N RESTON TER City HERNANDO		
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.			DATE 4/11/06		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, ROSEMARY 1727 EAST GILCREST COURT HERNANDO, FL 34442			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 727 E Gilchrist Ct.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, THOMAS 2828 N CLEMENT AVE HERNANDO, FL 34442			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Thomas, Paul
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIRIELLO, LEN 581 E KELLER COT HERNANDO, FL 34442			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition TD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATT, JOE 184 E JOPLIN CT HERNANDO, FL 34442			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Maureen Giallombardo 750 E Falconoy Ct. Hernando FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLLINS, ROBERT 1802 W STAFFORD ST HERNANDO, FL 34442			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition PD Russ Hollingsworth 115 W Liberty St. Hernando FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REMLER, JIM 270 E KELLER CT HERNANDO, FL 34442			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition VPO Remler, Jim
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 03/15/06 Daytime Phone #	

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