

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762601

Entity Name: CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY , FL 34652**Current Mailing Address:**5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY , FL 34652 US**FEI Number:** 59-2480706**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**QUALIFIED PROPERTY MANAGEMENT INC
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY , FL 34652 US*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:** MARY BURNARD

03/04/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JOHNSON, LARRY
Address 5901 US HWY 19
 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title VP
Name ZAVODA, GARY
Address 5901 US HWY 19
 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY
Name FRANKS, SUZAN
Address 5901 US HWY 19
 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title TREASURER
Name GOSAI, DUSHYANT
Address 5901 US HWY 19
 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIR
Name CARNEVALE, RONALD
Address 5901 US HWY 19
 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name WILLIE, KAREN
Address 5901 US HWY 19
 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name LYNN, CHRISTINE
Address 5901 US HWY 19
 SUITE 7Q
City-State-Zip: NEW PORT RICHEY FL 34652

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LARRY JOHNSON

PRESIDENT

03/04/2022

Electronic Signature of Signing Officer/Director Detail

Date