

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762601

Entity Name: CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2541 N RESTON TERR
HERNANDO, FL 34442**Current Mailing Address:**2541 N RESTON TERR
HERNANDO, FL 34442 US**FEI Number: 59-2480706****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VILLAGES SERVICES CO-OPERATIVE
2541 N RESTON TERR
HERNANDO, FL 34442 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	MESSINA, RICHARD
Address	2541 N RESTON TERR
City-State-Zip:	HERNANDO FL 34442

Title	SECRETARY
Name	HAIRE, CAROL
Address	2541 N RESTON TERR
City-State-Zip:	HERNANDO FL 34442

Title	VP
Name	SCRAGG, CAROLE
Address	2541 N RESTON TERR
City-State-Zip:	HERNANDO FL 34442

Title	DIRECTOR
Name	CACHIA, JOSEPH
Address	2541 N RESTON TERR
City-State-Zip:	HERNANDO FL 34442

Title	TREASURER
Name	GOSAI, DUSHYANT DR.
Address	2541 N RESTON TERR
City-State-Zip:	HERNANDO FL 34442

Title	DIRECTOR
Name	FRANKS, SUZAN
Address	2541 N RESTON TERR
City-State-Zip:	HERNANDO FL 34442

Title	DIRECTOR
Name	TERRY, BOB
Address	2541 N RESTON TERR
City-State-Zip:	HERNANDO FL 34442

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: CAROL HAIRE**SECRETARY****03/06/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date