

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17632

**Entity Name:** CITRUS HILLS WOMEN'S CLUB, INC.

**Current Principal Place of Business:**

509 E HARTFORD ST  
HERNANDO, FL 34442

**Current Mailing Address:**

P. O .BOX 1494  
HERNANDO, FL 34442 US

**FEI Number:** 59-2952634

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EDWARDS, DIANE  
4195 N MONADNOCK ROAD  
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:** DIANE EDWARDS

04/18/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PETERMAN, CAROL  
Address        4212 N MONADNOCK ROAD  
City-State-Zip:    HERNANDO FL 34442

Title            CO VPD  
Name            PUCCIO, NICKI  
Address        1664 N ESSEX AVENUE  
City-State-Zip:    HERNANDO FL 34442

Title            CO VPD  
Name            PLOURDE, KIT  
Address        4147 N INDIANRIVER DRIVE  
City-State-Zip:    HERNANDO FL 34442

Title            T  
Name            EDWARDS, DIANE  
Address        4195 N MONADNOCK ROAD  
City-State-Zip:    HERNANDO FL 34442

Title            2ND CO VPD  
Name            HUNTSBERRY, BRENDA  
Address        508 E JENKINS COURT  
City-State-Zip:    HERNANDO FL 34442

Title            2ND CO VPD  
Name            SMITH, SALLY  
Address        1633 E TRADEWIND DRIVE  
City-State-Zip:    HERNANDO FL 34442

Title            CO SD  
Name            CRAWLEY, PAT  
Address        956 W SKY VIEW LANDINGS DR  
City-State-Zip:    HERNANDP FL 34442

Title            CO SD  
Name            UVA, DENISE  
Address        287 E EUREKA CT  
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:** DIANE EDWARDS

**TREASURER**

04/18/2016

Electronic Signature of Signing Officer/Director Detail

Date