

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29339

Entity Name: CELINA HILLS PROPERTY OWNER'S ASSOCIATION, INC.

FILED
Apr 30, 2015
Secretary of State
CC9153720393

Current Principal Place of Business:

6220 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429-8723

Current Mailing Address:

6220 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429-8723 US

FEI Number: 59-2926155

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCHLUMBERGER, ROBERT
6220 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429-8723 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 PD
Name HARVEY, CHRISTINE E
Address 1137 N NASHUA TER
City-State-Zip: INVERNESS FL 34453-9544

Title D
Name MONRAD, CHRISTOPHER S
Address 2016 E MARCIA ST
City-State-Zip: INVERNESS FL 34453-4537

Title SD
Name ROCAFORT, SALVADOR L
Address 2653 E NEWHAVEN ST
City-State-Zip: INVERNESS FL 34453-4514

Title TD
Name PAWELKO, DIANE J
Address 2617 E NEWHAVEN ST
City-State-Zip: INVERNESS FL 34453-4514

Title D
Name ROCAFORT, MARIA I
Address 2653 E NEWHAVEN ST
City-State-Zip: INVERNESS FL 34453-4514

Title D
Name FARKAS, STEVEN D
Address 1193 N NASHUA TER
City-State-Zip: INVERNESS FL 34453-9545

Title D
Name CHEVALIER, DAVID L
Address 2061 E CELINA ST
City-State-Zip: INVERNESS FL 34453-9594

Title D
Name MULLIGAN, GAIL
Address 2139 E NEWHAVEN ST
City-State-Zip: INVERNESS FL 34453-9526

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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 J PAWELKO

TREASURER

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name HANSEN, JACKI
Address 2245 E MARCIA ST
City-State-Zip: INVERNESS FL 34453-9528