2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N29339

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

FILED
Jul 20, 2015
Secretary of State
CC1037107056

Current Principal Place of Business:

2541 N RESTON TERRACE HERNANDO, FL 34442

Current Mailing Address:

2541 N RESTON TERRACE HERNANDO, FL 34442 US

FEI Number: 59-2926155 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VILLAGES SERVICES COOPERATIVE INC. 2541 N RESTON TERRACE 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: GERALYN BOND 07/20/2015

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PD Title D

NameHARVEY, CHRISTINE ENameMONRAD, CHRISTOPHER SAddress2541 N RESTON TERRACEAddress2541 N RESTON TERRACECity-State-Zip:HERNANDO FL 34442City-State-Zip:HERNANDO FL 34442

Title SD Title TD

Name ROCAFORT, SALVADOR L Name PAWELKO, DIANE J

Address 2541 N RESTON TERRACE Address 2541 N RESTON TERRACE
City-State-Zip: HERNANDO FL 34442 City-State-Zip: HERNANDO FL 34442

Title D Title D

NameROCAFORT, MARIA INameFARKAS, STEVEN DAddress2541 N RESTON TERRACEAddress2541 N RESTON TERRACE

City-State-Zip: HERNANDO FL 34442 City-State-Zip: HERNANDO FL 34442

Title D Title VP, D

Name CHEVALIER, DAVID L Name MULLIGAN, GAIL

Address 2541 N RESTON TERRACE Address 2541 N RESTON TERRACE

City-State-Zip: HERNANDO FL 34442 City-State-Zip: HERNANDO FL 34442

Continues on page 2

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: CHRISTINE E HARVEY PRESIDENT 07/20/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D

Name HANSEN, JACKI

Address 2541 N RESTON TERRACE
City-State-Zip: HERNANDO FL 34442