

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29339

**FILED**  
**Mar 26, 2014**  
**Secretary of State**  
**CC0186708453**

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

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

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

**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**

**03/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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