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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762601

1. Corporation Name

CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2468 NO ESSEX AVE HERNANDO FL 34442 US	2468 NO ESSEX AVE HERNANDO FL 34442 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/26/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2480706 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ALVAH L. COX, JR., CPA, P.A.
2424 N. ESSEX AVE.
HERNANDO FL 34442

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	GATES, BEATRICE		1.2 NAME	RONALD CARNEVALE	
STREET ADDRESS	389 W. KELLER COURT		1.3 STREET ADDRESS	362 W KELLER ST.	
CITY-ST-ZIP	HERNANDO FL 34442		1.4 CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SWANSON, PATRICIA		2.2 NAME	THOMAS PETERSON	
STREET ADDRESS	360 E. HARTFORD STREET		2.3 STREET ADDRESS	136 E JOPLIN CT	
CITY-ST-ZIP	HERNANDO FL 34442		2.4 CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	VD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	LALIBERTY, RENE		3.2 NAME	JOHN BRANCONNIER	
STREET ADDRESS	338 N. HIGHVIEW AVENUE		3.3 STREET ADDRESS	1810 N ESSEX AVE	
CITY-ST-ZIP	HERNANDO FL 34442		3.4. CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	D	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	GATZ, DONALD		4. 2 NAME		
STREET ADDRESS	505 E. CHARLESTON CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL 34442		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	DRISCOLL, TIMOTHY		5.2 NAME		
STREET ADDRESS	770 E. IRELAND CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL 34442		5.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ASHTON, ERNEST		6.2 NAME		
STREET ADDRESS	347 E. KELLER COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL 34442		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Patricia A. Tuttle Treasurer — X 3/5/99 — 352-746-7577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #