2002 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2002 8:00 am **DOCUMENT # 762601** 1. Entity Name **Secretary of State** CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC. 03-14-2002 90041 012 ****61.25 Principal Place of Business Mailing Address 2468 NO ESSEX AVE 2468 NO ESSEX AVE HERNANDO FL 34442 HERNANDO FL 34442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2480706 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALVAH L. COX, JR., CPA, P.A. Street Address (P.O. Box Number is Not Acceptable) 2424 N. ESSEX AVE. HERNANDO FL 34442 City Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE (9/01) Delete **X** Addition TITLE ☐ Change TACK FRASER SII E TRELANO CT MITCHELL, CAROL NAMÉ NAME 3250 N BOSWELL TER STREET ADDRESS STREET ADDRESS HERNANDO, FL 34442 CITY-ST-ZIP HERNANDO FL 34442 CITY-ST-ZIP VPD TITL F ☐ Delete TITLE Addition Change TIM QUINN PETERSON, THOMAS NAME NAME 197 E. JOPLINCT. 136 E. JOPLIN CT. STREET ADDRESS STREET ADDRESS HERNANDO, FL 34442 CITY-ST-ZIP HERNANDO FL 34442 CITY-ST-ZIP **-**₩ Delete TITLE **Addition** Change EALLY PYLES 628 E. Charleston CT. **BRANCONNIER, JOHN** NAME NAME 1810 N. ESSEX AVE. STREET ADDRESS STREET ADDRESS HERNANDO, FL 34442 CITY-ST-ZIP HERNANDO FL 34442 CITY-ST-ZIP ☐ Delete TITLE [7] Change ☐ Addition STOOPS, JACK NAME 1393 N ANNAPOLIS AVE STREET ADDRESS STREET ADDRESS HERNANDO FL 34442 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition COLLINS, ROBERT NAME NAME 1602 W STAFFORD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HERNANDO FL 34442 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

12. Thereby 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 report or supplemental 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 10 or Block 11 if