2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) . . .

FILED
Mar 09, 2005 8:00 am
Secretary of State
03-09-2005 90032 032 ****61.25

DOCUMENT # 762601

1. Entity Name

CITRUS HILLS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2450 N. CITRUS HILLS BLVD. HERNANDO FL 34442 US	2450 N. CITRUS HILLS BLVD. HERNANDO FL 34442 US

1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2480706 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRINGALI, MICHAEL 2450 N. CITRUS HILLS BLVD. JOSEPH & COMPANY CPA'S, INC. HERNANDO FL 34442	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JONES, ROSEMARY 1727 EAST GILCREST COURT HERNANDO FL 34442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RUSS HOLLINGSWORTH 165 W. LIBERTY ST HERNANDO, FL 34442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PETERSON, THOMAS 136 E. JOPLIN CT. HERNANDO FL 34442	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAUL THOMAS 2828 N. CLEMENTS AVE. HERNANDO, FL 34442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMMOND, RUSSELL 797 EAST IRELAND COURT HERNANDO FL 34442	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEN CIRIELLO 581 E. KELLER CT. HERNANDO, FL 34442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMMOND, NANCY 797 EAST IRELAND COURT HERNANDO FL 34442	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOE MATT 184 E. JOPLIN CT. HERNANDO, FL 34442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COLLINS, ROBERT 1602 W STAFFORD ST HERNANDO FL 34442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JIM REMLER 270 E. KELLER CT. HERNANDO, FL 34442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PYLES, SALLY 628 E. CHARLESTON CT. HERNANDO FL 34448	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE: _____ 3/3/2005 746-7577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #