2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State
04-03-2006 90353 004 ****61.25

66010175

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

03102006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
2541 N Reston Ter Suite, Apt. #, etc.	2541 N Reston Ter Suite, Apt. #, etc.
City & State: Hernando FL	City & State: Hernando FL
Zip: 34442 Country:	Zip: 34442 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: Cabana + Co Inc. Street Address (P.O. Box Number is Not Acceptable): 2541 N RESTON TER City: HERNANDO FL Zip Code: 34442

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: Cabana & Co Inc 4/11/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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	727 E Gilchrist Ct.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERSON, THOMAS 2828 N CLEMENT AVE HERNANDO, FL 34442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Thomas, Paul	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CIRIELLO, LEN 581 E KELLER CDT HERNANDO, FL 34442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATT, JOE 184 E JOPLIN CT HERNANDO, FL 34442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Maureen Giallombardo 750 E Falconey Ct. Hernando FL 34442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COLLINS, ROBERT 1802 W STAFFORD ST HERNANDO, FL 34442	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Russ Hollingsworth 165 W Liberty St. Hernando FL 34442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REMLER, JIM 270 E KELLER CT HERNANDO, FL 34442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Remler, Jim	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 03/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #