FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N18803** **(9)**

1. Corporation Name

CITRUS HILLS CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 1557 HERNANDO FL 32642-8557	PO BOX 1557 HERNANDO FL 32642-8557

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/20/1987**
3a. Date of Last Report: **04/08/1994**
4. FEI Number: **59-2746863** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GRADY, MARJORIE F
262 N INDIANAPOLIS AVE
P O BOX 1656
HERNANDO FL 32642

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Marjorie F. Grady Marjorie F. Grady Secretary 4/28/95
Signature(s) and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE		☐ Change ☐ Addition
NAME	RUGALA, MARY JANE	12 NAME		
STREET ADDRESS	179 EAST DAKOTA COURT	13 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BUONOMO, FRANK	22 NAME		
STREET ADDRESS	505 W CHASE ST	23 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE	VP	☑ Change ☐ Addition
NAME	~~JAMES, PAUL~~	32 NAME	McLeod, Carlton J	
STREET ADDRESS	~~1344 MEDITERRANEAN~~	33 STREET ADDRESS	670w Pearson St	
CITY-ST-ZIP	~~INVERNESS FL~~	34 CITY-ST-ZIP	Hernando, Fl 34442	
TITLE	P	41 TITLE	P	☑ Change ☐ Addition
NAME	~~RUSSO, DOROTHY JO~~	42 NAME	Cohen, Robert	
STREET ADDRESS	~~480 E EPSOM CT~~	43 STREET ADDRESS	309 W. Wellers	
CITY-ST-ZIP	~~HERNANDO FL~~	44 CITY-ST-ZIP	Hernando, Fl 34442	
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	~~KEATING, JACK~~	52 NAME	Lahl Berty, Rene	
STREET ADDRESS	~~1278 W PEARSON~~	53 STREET ADDRESS	328 N Highview Ave	
CITY-ST-ZIP	~~HERNANDO FL~~	54 CITY-ST-ZIP	Hernando, Fl 34442	
TITLE	D	61 TITLE	D	☑ Change ☐ Addition
NAME	~~MCLEOD, CARLTON J~~	62 NAME	Coy, Joseph M.	
STREET ADDRESS	~~670 W PEARSON ST~~	63 STREET ADDRESS	620 E Epsom Ct	
CITY-ST-ZIP	~~HERNANDO FL~~	64 CITY-ST-ZIP	Hernando, Fl 34442	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Mary Jane Rugala Treas. 4/28/95 (904)746-5017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044818