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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name

CITRUS HILLS CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 1557 HERNANDO FL ~~34442-557~~ US	PO BOX 1557 HERNANDO FL ~~34421-1557~~ US

3. Date Incorporated or Qualified: 01/20/1987
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24: 34442-1657
Country — 25
Zip — 29: 34442-1657
Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRADY, MARJORIE F
262 N INDIANAPOLIS AVE
P O BOX 1656
HERNANDO FL ~~32642~~ 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: 34442

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: Marjorie F. Grady — Marjorie F. Grady — 3/17/97
Signature of typed or 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUGALA, MARY JANE		1.2 NAME		
STREET ADDRESS	179 EAST DAKOTA COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL		1.4 CITY-ST-ZIP		
TITLE	~~D~~	☑ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	~~TRUAX, ROBERT C~~		2.2 NAME	Caldwell, Charles	
STREET ADDRESS	~~801 N BERLIN PT~~		2.3 STREET ADDRESS	386 E DAKOTA CT	
CITY-ST-ZIP	~~INVERNESS FL~~		2.4 CITY-ST-ZIP	Hernando, Fl 34442	
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCLEOD, CARLTON J		3.2 NAME		
STREET ADDRESS	670 W PERSON ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL		3.4 CITY-ST-ZIP		
TITLE	P	☑ DELETE	4.1 TITLE	P	☑ Change ☐ Addition
NAME	~~COHEN, ROBERT~~		4.2 NAME	TRUAX, Robert C.	
STREET ADDRESS	~~307 W KELLER ST~~		4.3 STREET ADDRESS	801 N Berlin Pt	
CITY-ST-ZIP	~~HERNANDO FL~~		4.4 CITY-ST-ZIP	Inverness, Fl 34453	
TITLE	~~D~~	☑ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	~~LIBERTY, RENE~~		5.2 NAME	Brent, James W.	
STREET ADDRESS	~~338 N HIGHVIEW AVE~~		5.3 STREET ADDRESS	172 E DAKOTA CT	
CITY-ST-ZIP	~~HERNANDO FL~~		5.4 CITY-ST-ZIP	Hernando, Fl 34442	
TITLE	~~VP~~	☑ DELETE	6.1 TITLE	VP	☑ Change ☐ Addition
NAME	~~COY, JOSEPH M~~		6.2 NAME	Jakson, Mary Lee	
STREET ADDRESS	~~620 E EPSOM CT~~		6.3 STREET ADDRESS	340 W. Chase St	
CITY-ST-ZIP	~~HERNANDO FL~~		6.4 CITY-ST-ZIP	Hernando, Fl 34442	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Mary Jane Rugala REQUIRED — 21 March 1997 — (352) 746-5017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0064901