NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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Secretary of State
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1. Corporation Name

CITRUS HILLS CIVIC ASSOCIATION, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/20/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2746863 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SMITH, CATHERINE W
48 E LIBERTY ST
P O BOX 1656
HERNANDO FL 34442

10. Name and Address of New Registered Agent

81 Name: Smith, Catherine W

82 Street Address (P.O. Box Number is Not Acceptable): 48 E Liberty St.

83

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RUGALA, MARY JANE 179 EAST DAKOTA COURT HERNANDO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP Dorothy Jo Russo 480 E Epsom Ct Hernando, Fl 34442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALDWELL, CHARLES 286 E. DAKOTA CT. HERNANDO FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Gerald W Harriman 328 E Joplin Ct. Hernando, Fl 34442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCLEOD, CARLTON J 670 W PERSON ST HERNANDO FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	D Miney D. Roseberry 270 W Liberty St Hernando, Fl 34442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TRAUX, ROBERT C. 801 N. BERLIN PT. INVERNESS FL	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D L. Paul Longtin 727 E Gaines St. Hernando, Fl 34442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRENT, JAMES W. 172 E. DAKOTA CT. HERNANDO FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAKSON, MARYLEE 240 W. CHASE ST. HERNANDO FL 34442	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: Mary Jane Rugala SIGNATURE REQUIRED 4/28/99 (352) 746-5017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY JANE RUGALA

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