2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N18803

1. Entity 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

04112006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2746863
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, CATHERINE W
48 E LIBERTY ST
HERNANDO, FL 34442

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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 Catherine W Smith Apr. 20, 2006
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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	RUGALA, MARY JANE
STREET ADDRESS	179 EAST DAKOTA COURT
CITY-ST-ZIP	HERNANDO, FL
TITLE	VP
NAME	LONGTIN, LEO PAUL
STREET ADDRESS	727 E GAINES LANE
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	D
NAME	MCLEOD, CARLTON
STREET ADDRESS	870 W PEARSON ST
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	VP
NAME	CHIANG, OSCAR
STREET ADDRESS	1714 W REDSOX PATH
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	D
NAME	STOCK, LILLIAN
STREET ADDRESS	535 HAMBLETONIAN DRIVE
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	P
NAME	COLSON, JACK
STREET ADDRESS	718 E BUCKINGHAM DR
CITY-ST-ZIP	LECANTO, FL 34460

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05/08/06-80020-020 61.25

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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: Mary Jane Rugala MARY JANE RUGALA TREASURER 20 Apr 2006 (352)746-5017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #