

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90134 033 ****61.25

DOCUMENT # N18803

1. Entity Name

CITRUS HILLS CIVIC ASSOCIATION, INC.



Principal Place of Business

**PO BOX 1557
HERNANDO FL 34442-1557
US**

Mailing Address

**PO BOX 1557
HERNANDO FL 34442-1557
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2746863**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

4/29/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **TD** ☐ Delete
NAME **RUGALA, MARY JANE**
STREET ADDRESS **179 EAST DAKOTA COURT**
CITY-ST-ZIP **HERNANDO FL**

TITLE **VP** ☐ Change ☒ Addition
NAME **Dan O'Stean**
STREET ADDRESS **4394 N Indianhead Rd**
CITY-ST-ZIP **Hernando, FL 34442**

TITLE **D** ☐ Delete
NAME **LONGTIN, LEO PAUL**
STREET ADDRESS **727 E GAINES LANE**
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE **VP** ☒ Change ☐ Addition
NAME **Longtin, Leo Paul**
STREET ADDRESS **727 E Gaines Ln**
CITY-ST-ZIP **Hernando, FL 34442**

TITLE **D** ☐ Delete
NAME **MCLEOD, CARLTON**
STREET ADDRESS **670 W PERSON ST**
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **GEYER, SCOTT**
STREET ADDRESS **620 E EPSOM CT.**
CITY-ST-ZIP **HERNANDO FL 34442-9311**

TITLE **D** ☐ Change ☐ Addition
NAME **Russo, Dorothy J.**
STREET ADDRESS **480 E Epsom Ct.**
CITY-ST-ZIP **Hernando, FL 34442**

TITLE **D** ☐ Delete
NAME **STACK, LILLIAN**
STREET ADDRESS **535 HAMBLETONIAN DRIVE**
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **YETHER, FRANKA**
STREET ADDRESS **PO BOX 78**
CITY-ST-ZIP **LECANTO FL 34460-0078**

TITLE **P** ☒ Change ☐ Addition
NAME **Yether, Frank**
STREET ADDRESS **P.O. Box 78**
CITY-ST-ZIP **Lecanto FL 34460-0078**

12. 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 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 exemption.

SIGNATURE:

Mary Jane Rugala **SIGNATURE REQUIRED**

4/29/03 *(352) 746-5017*

CR2E037 (10/02)