


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90091 021 ****61.25

DOCUMENT # N29339 1. Entity Name CELINA HILLS PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business 6220 W CORPORATE OAKS DR CRYSTAL RIVER, FL 34429 US			Mailing Address 6220 W CORPORATE OAKS DR CRYSTAL RIVER, FL 34429 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2926155	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHULMBERGER, ROBERT 6220 W CORPORATE OAKS DR CRYSTAL RIVER, FL 34429			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	DV CHEVALIER, DAVID 2061 E. CELINA ST. INVERNESS, FL 34453	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KATCAVER, ELIZABETH 2181 E. NEWHAVEN ST. INVERNESS, FL 34453	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLIGAN, GAIL 2139 E NEWHAVEN ST INVERNESS, FL 34453	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATANIA, MARY 2465 E MARCIA STREET INVERNESS, FL 34453	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEVALIER, KANDRA 2061 E CELINA ST INVERNESS, FL 34453	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PELIPADA, JOSIE 2088 E NEWHAVEN ST INVERNESS, FL 34453	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUTCAVER, ELIZABETH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OUELLETTE, SUZANNE 1140 N BROOKHAVEN TER INVERNESS FL 34453	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RINALDI, VIRGINIA 2526 E CELINA ST INVERNESS FL 34453	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D [Signature]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Mary Catania</i>		4-21-07 352-795-3691			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

40076256



04202007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2926155

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHULMBERGER, ROBERT
6220 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429**

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

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, 2007**

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

TITLE	DV	<input type="checkbox"/> Delete
NAME	CHEVALIER, DAVID	
STREET ADDRESS	2061 E. CELINA ST.	
CITY-ST-ZIP	INVERNESS, FL 34453	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KATCAVER, ELIZABETH	
STREET ADDRESS	2181 E. NEWHAVEN ST.	
CITY-ST-ZIP	INVERNESS, FL 34453	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MULLIGAN, GAIL	
STREET ADDRESS	2139 E NEWHAVEN ST	
CITY-ST-ZIP	INVERNESS, FL 34453	
TITLE	D	<input type="checkbox"/> Delete
NAME	CATANIA, MARY	
STREET ADDRESS	2465 E MARCIA STREET	
CITY-ST-ZIP	INVERNESS, FL 34453	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHEVALIER, KANDRA	
STREET ADDRESS	2061 E CELINA ST	
CITY-ST-ZIP	INVERNESS, FL 34453	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PELIPADA, JOSIE	
STREET ADDRESS	2088 E NEWHAVEN ST	
CITY-ST-ZIP	INVERNESS, FL 34453	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUTCAVER, ELIZABETH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OUELLETTE, SUZANNE	
STREET ADDRESS	1140 N BROOKHAVEN TER	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RINALDI, VIRGINIA	
STREET ADDRESS	2526 E CELINA ST	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 40076256
CELINA HILLS P.O.A. INC. #N29339

2007 UGR N 29339

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D

PAWELKO, DIANE

2617 E NEWHAVEN ST
INVERNESS FL 34453

NO CHANGE

D

TAGER, ROBERT

2632 E CELINA ST
INVERNESS FL 34453

NO CHANGE

SD

HARVEY, CHRISTINE
1137 N NASHUA TER
INVERNESS FL 34453

X ADDITION

VPD

CASAS, DAWN
2116 E MARCIA ST
INVERNESS FL 34453

X ADDITION

D

RIEDEL, PATRICIA
2496 E NEWHAVEN ST
INVERNESS FL 34453

X ADDITION