

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2008 8:00 am
Secretary of State

06-27-2008 90001 020 ****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**

50007581



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06242008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2926155

Applied For
Not Applicable

Zip

Country

Zip

Country

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 September 12, 2008**

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 **D** ☐ Delete
NAME **CHEVALIER, DAVID**
STREET ADDRESS **2061 E. CELINA ST.**
CITY-ST-ZIP **INVERNESS, FL 34453**

TITLE **VPD** ☐ Change ☒ Addition
NAME **CASAS DAWN**
STREET ADDRESS **2116 E MARCIA ST**
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE **D** ☐ Delete
NAME **KUTCHAVER, ELIZABETH**
STREET ADDRESS **2181 E. NEWHAVEN ST.**
CITY-ST-ZIP **INVERNESS, FL 34453**

TITLE **SD** ☐ Change ☒ Addition
NAME **HARVEY, CHRISTINE**
STREET ADDRESS **1137 N NASHUA TER**
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE **TD** ☐ Delete
NAME **OUELLETTE, SUZANNE**
STREET ADDRESS **1140 N. BROOKHAVEN TER**
CITY-ST-ZIP **INVERNESS, FL 34453**

TITLE **D** ☐ Change ☒ Addition
NAME **RIEDEL, PATRICIA**
STREET ADDRESS **2496 E NEWHAVEN ST**
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE **PD** ☐ Delete
NAME **CATANIA, MARY**
STREET ADDRESS **2465 E MARCIA STREET**
CITY-ST-ZIP **INVERNESS, FL 34453**

TITLE **D** ☐ Change ☒ Addition
NAME **PANELKO, DIANE**
STREET ADDRESS **2617 E NEWHAVEN ST**
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE **D** ☐ Delete
NAME **CHEVALIER, KANDRA**
STREET ADDRESS **2061 E CELINA ST**
CITY-ST-ZIP **INVERNESS, FL 34453**

TITLE **D** ☐ Change ☒ Addition
NAME **RINALDI, VIRGINIA**
STREET ADDRESS **2526 E CELINA ST**
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE **D** ☐ Delete
NAME **PELIPADA, JOSIE**
STREET ADDRESS **2088 E NEWHAVEN ST**
CITY-ST-ZIP **INVERNESS, FL 34453**

TITLE ☐ Change ☐ 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: *X Suzanne Ouellette*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tues, 6/24/08 352-795-3691