2000 UNIFORM BUSINESS REPORT (UBR) 3/30 May 11, 2000 8:00 am Secretary of State DOCUMENT # **747989** 1. Intity Name CITRUS WOODS PROPERTY OWNERS ASSOCIATION, INC. 03-30-2000 90005 031 ****70.00 Mailing Address Principal Place of Business 1610 REYNOLDS ROAD. LOT #391 1610 REYNOLDS ROAD, LOT #391 LAKELAND FL 33801-6983 LAKELAND FL 33801 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1964760 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MILLER, MARK N. %LANE TROHN 1 LAKE MORTON DRIVE Zip Code City LAKELAND FL 33801 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 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (66/6)XI Channe ☐ Addition K Delate TITLE TITLE P NAME KALUZNY, FLORENCE NAME Paul Bourcier **CR2E037** STREET ADDRESS STREET ADDRESS 1610 REYNOLDS ROAD #391 1610 Reynolds Rd. #191 Lakeland, FL 33801 CITY-ST-ZIP CITY-ST-ZIP <u>LAKELANO FL 33801</u> IXI Chance Maddition C Delete TITLE TITLE VD. Marjorie McDougall NAME NAME MERCE, IRA 1610 Reynolds Rd. #228 STREET ADDRESS STREET ADORESS 1610 REYNOLDS RD. #24 CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL 33801 LAKELAND FL 33801 Change Addition TITLE Delete

TITLE TD NAME NAME Joy, William B STREET ADDRESS STREET ADDRESS 1610 REYNOLDS RD. #69 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 Change ☐ Addition Delete TITLE TITLE NAME NAME MIDDLETON, SUE Jean Lamanen STREET ADDRESS STREET ADDRESS 1610 REYNOLDS ROAD, LOT #48 1610 Reynolds Rd. #118 CITY-ST-ZIP CITY - ST - ZiP Lakeland, FL LAKELAND FL 33801 A Change ☐ Addition Delete TITLE Ciu. D TITLE NAME ROGERS, BOB NAME Betty Foose STREET ADDRESS STREET ADDRESS 1610 REYNOLDS ROAD, LOT #112 1610 Reynolds Rd. #383 CATY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 Lakeland, FL 33801 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME SLOPER, LEROY C STREET ADDRESS STREET ADDRESS 1610 REYNOLDS RD. #77 CITY-51-7(P CITY-ST-ZIP <u> AKELAND FL 33801</u>

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 tristee 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

450000XXXIPEDIDINED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #