


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90389 001 ****70.00

DOCUMENT # 747989			
1. Entity Name CITRUS WOODS PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 1610 REYNOLDS ROAD, LOT #391 LAKELAND FL 33801		Mailing Address 1610 REYNOLDS ROAD, LOT #391 LAKELAND FL 33801	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input checked="" type="checkbox"/>		4. FEI Number 59-1964760	
		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK CAMPBELL & MAWHINNEY, PA 500 S FLORIDA AVE SUITE 800 LAKELAND FL 33802		7. Name and Address of New Registered Agent	
		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	P <input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKEELS, JERRY	NAME	Jones, Donald
STREET ADDRESS	1610 REYNOLDS RD #318	STREET ADDRESS	1610 Reynolds Rd #232
CITY-ST-ZIP	LAKELAND FL 33801	CITY-ST-ZIP	Lakeland FL 33801
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DONALD	NAME	James, Brad
STREET ADDRESS	1610 REYNOLDS RD #232	STREET ADDRESS	1610 Reynolds Rd # 226
CITY-ST-ZIP	LAKELAND FL 33801	CITY-ST-ZIP	Lakeland FL 33801
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, LUZETTA	NAME	Rush, Verna
STREET ADDRESS	1610 REYNOLDS ROAD #10	STREET ADDRESS	1610 Reynolds Rd #1
CITY-ST-ZIP	LAKELAND FL 33801	CITY-ST-ZIP	Lakeland FL 33801
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN, LOIS	NAME	Mahoney, Luzetta
STREET ADDRESS	1610 REYNOLDS RD 187	STREET ADDRESS	1610 Reynolds Rd #10
CITY-ST-ZIP	LAKELAND FL 33801	CITY-ST-ZIP	Lakeland FL 33801
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMANEN, JEAN	NAME	
STREET ADDRESS	1610 REYNOLDS RD #118	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDELSON, SUE	NAME	Iwanicki, Eileen
STREET ADDRESS	1610 REYNOLDS RD #104	STREET ADDRESS	1610 Reynolds Rd #17
CITY-ST-ZIP	LAKELAND FL 33801	CITY-ST-ZIP	Lakeland FL 33801

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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 empowered.

SIGNATURE: *Jean Lamanen* **Jean Lamanen, Secretary** 4/26/05 (863) 669-9771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #