

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90040 026 \*\*\*\*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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-1964760** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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	P	<input type="checkbox"/> Delete
NAME	JONES, DONALD DONALD	
STREET ADDRESS	1610 REYNOLDS ROAD, # 232	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JAMES, BRAD	
STREET ADDRESS	1610 REYNOLDS ROAD, # 226	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUSH, VERNA	
STREET ADDRESS	1610 REYNOLDS ROAD # 1	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAHONEY, LUZETTA	
STREET ADDRESS	1610 REYNOLDS ROAD, # 10	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAMANEN, JEAN	
STREET ADDRESS	1610 REYNOLDS RD #118	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDELSON, SUE	
STREET ADDRESS	1610 REYNOLDS RD #104	
CITY-ST-ZIP	LAKELAND FL 33801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Faye Riggs	
STREET ADDRESS	1610 Reynolds Rd #90	
CITY-ST-ZIP	Lakeland FL 33801	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tafil, Carol	
STREET ADDRESS	1610 Reynolds Rd #376	
CITY-ST-ZIP	Lakeland FL 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Iwanicki, Eileen	
STREET ADDRESS	1610 Reynolds Rd #17	
CITY-ST-ZIP	Lakeland FL 33801	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input 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 Section 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: *Jean Lamanen* **JEAN LAMANEN** 4/3/06 863-669-9771