


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90415 020 \*\*\*\*70.00

<b>DOCUMENT # 747989</b>	
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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-1964760	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
CLARK CAMPBELL & MAWHINNEY, PA 500 S FLORIDA AVE SUITE 800 LAKELAND FL 33802

<b>7. Name and Address of New Registered Agent</b>
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 re-registering)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME P JONES, DONALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1610 REYNOLDS ROAD, # 232	
CITY- ST- ZIP LAKELAND FL 33801	
TITLE NAME VD JAMES, BRAD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1610 REYNOLDS ROAD, # 226	
CITY- ST- ZIP LAKELAND FL 33801	
TITLE NAME TD RUSH, VERNA	<input type="checkbox"/> Delete
STREET ADDRESS 1610 REYNOLDS ROAD # 1	
CITY- ST- ZIP LAKELAND FL 33801	
TITLE NAME D IWANICKI, EILEEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1610 REYNOLDS RD #17	
CITY- ST- ZIP LAKELAND FL 33801	
TITLE NAME S LAMANEN, JEAN	<input type="checkbox"/> Delete
STREET ADDRESS 1610 REYNOLDS RD #118	
CITY- ST- ZIP LAKELAND FL 33801	
TITLE NAME D RIGGS, FAYE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1610 REYNOLDS RD #90	
CITY- ST- ZIP LAKELAND FL 33801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME P Raymond J. Coates	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME VD Jerry L. Moore	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME D Lonnie Lowe	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, Secretary (863)669-9771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #