

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90089 033 ****61.25

DOCUMENT # N00000000406

1. Entity Name
**CITRUS OAKS - SEMINOLE COUNTY HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**135 W. PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**135 W. PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714**

50015436



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3628635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRESIDENTIAL GROUP SOUTH, INC.
135 W. PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714**

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

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 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** ☒ Delete
NAME **TUNNARD, PETER**
STREET ADDRESS **1104 CITRUS OAKS RUN**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **VP** ☐ Delete
NAME **MARABLE, GEORGETTE**
STREET ADDRESS **1109 CITRUS OAKS RUN**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **SD** ☒ Delete
NAME **BURNS, PEARL**
STREET ADDRESS **1128 CITRUS OAKS RUN**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **T** ☐ Delete
NAME **RUSSELL, CLARK**
STREET ADDRESS **1169 CITRUS OAKS RUN**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **D** ☐ Delete
NAME **JOHNSON, MICHAEL**
STREET ADDRESS **1100 CYPRUS OAKS RUN**
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P.** ☒ Change ☐ Addition
NAME **Georgette Marable**
STREET ADDRESS **1109 Citrus Oaks Run**
CITY-ST-ZIP **Winter Springs FL 32708**

TITLE **V.P.** ☒ Change ☐ Addition
NAME **Michael Johnson**
STREET ADDRESS **1100 Citrus Oaks Run**
CITY-ST-ZIP **Winter Springs FL 32708**

TITLE **SD** ☐ Change ☒ Addition
NAME **Russ Moore**
STREET ADDRESS **1124 Citrus Oaks Run**
CITY-ST-ZIP **Winter Springs FL 32708**

TITLE **D** ☐ Change ☒ Addition
NAME **ED Durda**
STREET ADDRESS **1168 Citrus Oak Run**
CITY-ST-ZIP **Winter Springs FL 32708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Georgette Marable

2/4/06

407-3652151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #