


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90021 017 ****61.25

DOCUMENT # N0100005508

1. Entity Name
 CITRUS OAKS LANDINGS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 2582 S. MAGUIRE ROAD, #318
 OCOEE, FL 34761

Mailing Address
 2582 S. MAGUIRE ROAD, #318
 OCOEE, FL 34761

44010104



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02042004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
 SOLOMON, SPENCER R
 113 DESIREE AURORA STREET
 WINTER GARDEN, FL 34787

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 the registered agent.

SIGNATURE: *Spencer R. Solomon* SPENCER R. SOLOMON DATE: 3/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP | DP SAVAGE, GLOSSOU T 1240 MELONTREE CT GOTHA, FL 34734 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUNFEE, JOHN 1130 E. PLANT STREET, STE. H WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NEALE, SAMUEL P 1264 MELONTREE CT GOTHA, FL 34734 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST LEWIS, DANA 1288 MELONTREE CT GOTHA, FL 34734 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP POKBRSKI, HEIDI 1283 MELONTREE CT GOTHA, FL 34734 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FELECHIA M. THOMPSON 1356 MELONTREE CT. GOTHA, FL 34734 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ECARIN RIVERA DE MEYRA 1228 MELONTREE CT. GOTHA, FL 34734 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Spencer R. Solomon* 2/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #