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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N21239

(1)

ROYAL OAKS OF CITRUS HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

|--|

P. O. BOX 96 INVERNESS F		P. O. BOX 969 INVERNESS FL 34451-7969	9		
IIII III	2 4137 1000	INVENTEDO LE STOLLA	•	3. Date Incorporated or Qualified 06/22/1987	3a. Date of Last Report 03/10/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2424	N. ESSEX AVE	26 2424 N. E	SSEX AUE	59-2826048	Not Applicable
Suite, Apt. :		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	ANDO, FLORIDA	City & State 28 HERNANDO	Country Country	6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
24 344	42 Country 25 CITPUS	29 34442	Country COUNTRY		ntangible tax under s. 199.032, Yes 😿 No
	9. Name and Address of Current			10. Name and Address of New Re	
9478 W.	S, EDWARD J.,II MARQUETTE LANE L RIVER FL 34428		VAH L. COX TR. dress (P.O. Box Number is Not Acceptable 2.4 W. ESSEX	AVÉ.	
			B4 City +CK	RNANDO	FL 85 Zip Code
or register	to the provisions of Sections 617.0502 a ed agent, or both, in the State of Florida th, and accept the obligations of, Section	i. Such change was authorized n 617 0503. Florida Statutes.	by the corporation's box	oration submits this statement for the purp ard of directors. I hereby accept the appo	oose of changing its registered office intment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent ar	distribution (MOTE	LVAH L. Registered Agent signature requir	Cox, JR.	3/21/96
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	D	DELETE		°D	Change Addition
NAME	GERRITS, JOAN M		12 NAME	LOMBAIN FREDRITE	
STREET ADDRESS	9478 W. MARQUETTE LANE		1.3 STREET ADDRESS	5545, BELGRAU	e de l
	CRYSTAL RIVER FL		1.5 STREET ADURESS	NUCRNOSS, FL 34	บรว
CITY-ST-ZIP TITLE	PD PD	DELETE			Change Addition
	· ·	Detert	4-	>	A ontarge Addition
NAME	GERRITS, EDWARD J, II		2.2 NAME		
STREET ADDRESS	9478 W. MARQUETTE LANE		2.3 STREET ADDRESS		
CHTY-ST-ZIP	CRYSTAL RIVER FL		2 4 CITY-ST-ZIP	M &	
TITLE	STD	⊠ DELE1E	3.1 TITLE	PD	Change Addition
NAME	HAYNES, SHIRLEY A.		3.2 NAME	ROBERT SCHULTHEL	DIV I BAIR
STREET ADDRESS	9478 W. MARQUETTE LANE		3.3 STREET ADDRESS	781 E. KINGS BUI	E9 LANG
CITY-ST-ZIP	CRYSTAL RIVER FL		3.4. CITY-ST-ZIP	6781 E. KINGS BUI FNVERNESS , FL 3 MD	4452
TITLE		DELETE			
NAME			4. 2 NAME 1	nike ahoma	014 1 0816
STREET ADDRESS			4.9 STREET ADDRESS 6	nike Ohoma 806 E. Queonsbui	ey land
CITY-ST-ZIP			4.4 CITY-ST-ZIP	INVERNESS, FL 3	4452
TITLE		DELETE	5 1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change 🔀 Addition
NAME			52 NAME	MORUATH	
STREET ADDRESS			5.3 STREET ADDRESS	TOHN HORVATH 861 E. DOWNING	<i>5</i> 7/266 T
CITY-ST-ZIP			5 4 CITY-ST-ZIP	NUERNESS, FL 3	34457
TITLE		DELETE	6.1 TITLE)	Change Addition
NAME			6.2 NAME	SOTTY SENDON!	
STREET ADDRESS			6.3 STREET ADDRESS	Betty Seddon 3318 S. Belgrau	re .
CITY-ST-ZIP				FNUERNESS, FL 31	jŲ
	by certify that the information supplied w	ith this filing is voluntarily furnish	ned and does not qualify	for the exemption stated in Section 119.0	07(3)(k), Florida Statutes. I further

certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:X MICHAEL O HOMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N 21239

CORPORATE FILING . ROPORT

#13 CONTINUED

282

ADDITION

D MAY TUERSON 6848 E. ROYAL CRESCENT ST. INVERNESS, FL 34452