

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90123 047 ****61.25

0068803

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21239

1. Corporation Name

ROYAL OAKS OF CITRUS HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

2424 N. ESSEX DRIVE
HERNANDO FL 34442
US

Mailing Address

2424 NORTH ESSEX AVENUE
HERNANDO FL 34442
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/22/1987

4. FEI Number

59-2826048

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ALVAH L. COX JR. CPA PA
2424 N. ESSEX AVENUE
HERNANDO FL 34442

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TOFT, RON	
STREET ADDRESS	6682 E. KINGSBURY LANE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GERRITS, EDWARD J, II	
STREET ADDRESS	9478 W. MARQUETTE LANE	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRADDOCK, BOB	
STREET ADDRESS	3517 S. BELGRAVE DR	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	CHOMA, MIKE	
STREET ADDRESS	6806 E QUEENSBURY LANE	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICH, MARGE	
STREET ADDRESS	3325 S. BELGRAVE DR	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVIS, WILLIAM	
1.3 STREET ADDRESS	3518 S. BELGRAVE DR.	
1.4 CITY-ST-ZIP	INVERNESS FL 34452	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GARY QUEEN	
2.3 STREET ADDRESS	2915 STATE RD 590, STE 21	
2.4 CITY-ST-ZIP	CLEARWATER, FL 33759	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *William Davis* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-99 **X 352-637-5838**

Date

Daytime Phone #

CR2E037 (11/98)