
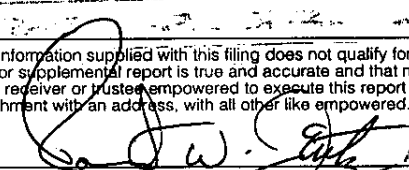


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-16-2004 90034 016 \*\*\*\*61.25

<b>DOCUMENT # N21239</b> 1. Entity Name <b>ROYAL OAKS OF CITRUS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2424 N. ESSEX DRIVE HERNANDO, FL 34442 US</b>			Mailing Address <b>2424 NORTH ESSEX AVENUE HERNANDO, FL 34442 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>TRINGALI, MICHAEL JOSEPH &amp; COMPANY CPA'S, INC., 2450 N CITRUS HILLS BLVD HERNANDO, FL 34442</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KLOTZBUECHER, ROBERT		NAME	D Harold Robinson	
STREET ADDRESS	3526 S.BOLGRAVE DR		STREET ADDRESS	3599 S. Belgrave Dr.	
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, GERALD		NAME	ROBERT W. BENTZ	
STREET ADDRESS	6805 E.DOWNING ST		STREET ADDRESS	3714 S. Belgrave Dr	
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRADDOCK, BOB		NAME		
STREET ADDRESS	3517 S. BELGRAVE DR		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEDDON, BETTY		NAME		
STREET ADDRESS	3318 S. BELGRAVE DR.		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEHNEL, CAROLYN		NAME		
STREET ADDRESS	6730 E WAYBRIDGE CT.		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 			<b>ROBERT W. BENTZ</b> 3. 12. 4 352 746 1400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		