

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90003 013 ****61.25

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DOCUMENT # N21239 1. Entity Name ROYAL OAKS OF CITRUS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2450 N. CITRUS HILLS BLVD. HERNANDO, FL 34442 US			Mailing Address 2450 N. CITRUS HILLS BLVD. HERNANDO, FL 34442 US		
2. Principal Place of Business - No P.O. Box # <u>2412 N. Essex Ave</u>		3. Mailing Address <u>2412 N. Essex Ave.</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>Hernando, FL</u>		City & State <u>Hernando, FL</u>		4. FEI Number 59-2826048	
Zip <u>34442</u>		Country <u>Citrus</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRINGALI, MICHAEL JOSEPH & COMPANY CPA'S, INC. 2450 N CITRUS HILLS BLVD HERNANDO, FL 34442		7. Name and Address of New Registered Agent Name <u>Hugh E. Phillips</u> Street Address (P.O. Box Number is Not Acceptable) <u>Joseph Community Management, LLC</u> <u>2412 N. Essex Ave.</u> City <u>Hernando</u> <u>FL</u> Zip Code <u>34442</u>			
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 <u>[Signature]</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>		<u>Hugh E. Phillips, CPA, CAM</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>6/26/08</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATTOUSE, CURTIS 3598 S BELARAVE DRIVE INVERNESS, FL 34452	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Curtis Watrouse 3578 S. Belgrave Dr. Inverness, FL 34452
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ABBOTT, DICK 6735 E WAYBRIDGE COURT INVERNESS, FL 34452	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Shirley Federico 6743 E. Kingsbury Ln Inverness, FL 34452
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REXFORD, SUE 3343 S. ROYAL OAKS DR INVERNESS, FL 34452	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Jonna Wing 3770 S. Belgrave Dr. Inverness, FL 34452
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, DON 6871 E CULPEPPER CT INVERNESS, FL 34452	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bob Covric 6740 E. Kingsbury Ln. Inverness, FL 34452
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, PAUL 3330 S BERGRAVE DRIVE INVERNESS, FL 34452	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Jonna Wing, Sec/Treas.</u> <small>Date</small>		<u>6/24/08</u> <small>Daytime Phone #</small>	
				<u>352-726-7721</u>	