

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90830 047 \*\*\*\*61.25

**DOCUMENT # N21239**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2826048**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD KLOTZBUECHER, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3526 S.BOLGRAVE DR INVERNESS FL 34452	
TITLE NAME	STD THOMPSON, GERALD	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6805 E.DOWNING ST INVERNESS FL 34452	
TITLE NAME	D CRADDOCK, BOB	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3517 S. BELGRAVE DR INVERNESS FL 34452	
TITLE NAME	D ABBOTT, DICK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6725 E. WAYBRIDGE CT. INVERNESS FL 34452	
TITLE NAME	D REICHER, KATHLEEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3585 S. BELGRAVE DRIVE INVERNESS FL 34452	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	D BETTY SEDDON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3318 S. BELGRAVE DR. INVERNESS, FL 34452	
TITLE NAME	VPD CAROLYN DEHNEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6730 E WAYBRIDGE CT. INVERNESS, FL 34452	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 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 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 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:

**SIGNATURE REQUIRED**

2/18/03

CR2E037 (10/02)