


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N37605 (5)
 1. Corporation Name
CITRUS PARK MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 705 BONITA SPRINGS FL 33959	Mailing Address P.O. BOX 705 BONITA SPRINGS FL 33959
--	--

3. Date Incorporated or Qualified 04/09/1990
4. FEI Number 65-0240443
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 P.O. Box 366071	2a. Mailing Address 26 P.O. Box 366071
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 BONITA SPRINGS, FL	City & State 28 BONITA SPRINGS, FL
Zip 24 34136	Country 25 USA
Zip 29 34136	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COLLING, LEE JAY FIRST UNION BLDG 20 N ORANGE AVE #1107 ORLANDO FL 32801	
--	--

10. Name and Address of New Registered Agent	
81 Name Lee J Colling	
82 Street Address (P.O. Box Number is Not Acceptable) 500 N. MAITLAND AVE	
83 Suite SUITE 203	
84 City MAITLAND	85 Zip Code FL 32751

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME ERNEST LUTTIG	
STREET ADDRESS 25697 CEDAR HILL COURT	
CITY-ST-ZIP BONITA SPRINGS FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME STAN DUCKWORTH	
STREET ADDRESS 25624 REDBLUSH CIR.	
CITY-ST-ZIP BONITA SPGS FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME CLAIRE COSGROVE	
STREET ADDRESS 25990 CEDAR HILL COURT	
CITY-ST-ZIP BONITA SPRINGS FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME BRADLEY, ANN	
STREET ADDRESS 25638 CARNATION	
CITY-ST-ZIP BONITA SPRINGS FL	
TITLE D	<input type="checkbox"/> DELETE
NAME GREEN, HAROLD	
STREET ADDRESS 25906 CEDAR HILL CT	
CITY-ST-ZIP BONITA SPRINGS FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME CLAUSEN, HAROLD	
STREET ADDRESS 25615 CARNATION	
CITY-ST-ZIP BONITA SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME VD DON GALBRAITH	
2.3 STREET ADDRESS 25658 CITRUS Blossom Dr.	
2.4 CITY-ST-ZIP Bonita SPRING FL 34135	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME TP BEVERLY SHERMAN	
4.3 STREET ADDRESS 25794 Lilac St	
4.4 CITY-ST-ZIP Bonita Springs FL 34135	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS 900002423809	
5.4 CITY-ST-ZIP -02/06/98--01074--007	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME D CARL OLBRICH	
6.3 STREET ADDRESS 25716 CARNATION CT	
6.4 CITY-ST-ZIP BONITA SPRINGS FL 34135	

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.

SIGNATURE _____

CR2E037 (10/97)