

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90127 027 ****61.25

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DOCUMENT # N37605

1. Corporation Name

CITRUS PARK MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 366071
BONITA SPRINGS FL 34136

Mailing Address

P.O. BOX 366071
BONITA SPRINGS FL 34136



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/09/1990

4. FEI Number

65-0240443

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

COLLING, LEE JAY
500 NO. MAITLAND AVE
SUITE 203
MAITLAND FL 32751

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 ☐ DELETE
NAME **PD ERNEST LUTTIG**
STREET ADDRESS **25697 CEDAR HILL COURT**
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE ☐ DELETE
NAME **VD GALBRAITH, DON**
STREET ADDRESS **25658 CITRUS BLOSSOM DR.**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ DELETE
NAME **SD CLAIRE COSGROVE**
STREET ADDRESS **25990 CEDAR HILL COURT**
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE ☒ DELETE
NAME **TD SHERMAN, BEVERLY**
STREET ADDRESS **25794 LILAC ST**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ DELETE
NAME **D GREEN, HAROLD**
STREET ADDRESS **25966 CEDAR HILL CT**
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE ☐ DELETE
NAME **D OLBRICH, CARL**
STREET ADDRESS **25716 CARNATION CT**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **TD MARIE BROOKS**
4.3 STREET ADDRESS **25735 Carnation Court**
4.4 CITY-ST-ZIP **Bonita Springs FL 34135.**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)