

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90031 037 ****61.25

DOCUMENT # N37605					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0240443	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLLING, LEE JAY 500 N MAITLAND AVE SUITE 203 MAITLAND, FL 32751			682 MAITLAND AVE ALTAMONTE SPRINGS FL 32701		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
9. Election Campaign Financing ☐			\$5.00 May Be Added to Fees		
Filing Fee is \$61.25 Due by May 1, 2004			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VD NAME WILEY, MERRIT STREET ADDRESS 25609 CITRUS BLOSSOM DR CITY-ST-ZIP BONITA SPRINGS, FL 34135	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE D NAME DUSTIN, CHARLES STREET ADDRESS 25811 LILAC CT CITY-ST-ZIP BONITA SPRINGS, FL 34135	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE SD NAME BEAUDOIN, LISI STREET ADDRESS 25603 CITRUS BLOSSOM DR CITY-ST-ZIP BONITA SPRINGS, FL 34135	☒ Delete		TITLE SD NAME INGLIS, ELIZABETH STREET ADDRESS 25764 CARNATION CT CITY-ST-ZIP BONITA SPRINGS, FL 34135	☐ Change ☒ Addition	
TITLE TD NAME BROOKS, MARIE STREET ADDRESS 25735 CARNATION COURT CITY-ST-ZIP BONITA SPRINGS, FL 34135	☐ Delete		TITLE D NAME BROOKS, MARIE STREET ADDRESS _____ CITY-ST-ZIP _____	☒ Change ☐ Addition	
TITLE D NAME WALTERS, AUDREY STREET ADDRESS 12500 COMMUNITY DRIVE CITY-ST-ZIP BONITA SPRINGS, FL 34135	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE PD NAME OLBRICH, CARL STREET ADDRESS 25716 CARNATION CT CITY-ST-ZIP BONITA SPRINGS, FL 34135	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS 25662 CITRUS BLOSSOM DR CITY-ST-ZIP _____	☒ Change ☐ Addition	
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.					
SIGNATURE:			CARL OLBRICH		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			239-498-5823		

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01262004 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0240443				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLLING, LEE JAY 500 NO. MAITLAND AVE SUITE 203 MAITLAND, FL 32751			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)					
Filing Fee is \$61.25 Due by May 1, 2004		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	VD	☐ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	WILEY, MERRIT		NAME	WALTER, ERNA	
STREET ADDRESS	25603 CITRUS BLOSSOM DR		STREET ADDRESS	25656 CITRUS BLOSSOM DR.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	DUSTIN, CHARLES		NAME	BRASILE, CHRIS	
STREET ADDRESS	25811 LILAC CT		STREET ADDRESS	25612 CITRUS BLOSSOM DR.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	SD	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	BEAUDOIN, LISI		NAME	BOGA, ROGER	
STREET ADDRESS	25603 CITRUS BLOSSOM DR		STREET ADDRESS	25759 CARNATION CT.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	TD	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	BROOKS, MARIE		NAME	GRAY, PHILLIP	
STREET ADDRESS	25735 CARNATION COURT		STREET ADDRESS	25603 DANCY CT.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	WALTERS, AUDREY		NAME	PRATT, RICHARD	
STREET ADDRESS	12500 COMMUNITY DRIVE		STREET ADDRESS	12401 COMMUNITY DR.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	OLBRICH, CARL		NAME		
STREET ADDRESS	25719 CARNATION CT		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		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.					
SIGNATURE: <i>Carl Olbrich</i> CARL OLBRICH			239-498-5823		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					