

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N37605

1. Entity Name
**CITRUS PARK MOBILE HOME OWNERS ASSOCIATION,
INC.**



Principal Place of Business
**P.O. BOX 366725
BONITA SPRINGS, FL 34136**

Mailing Address
**P.O. BOX 366725
BONITA SPRINGS, FL 34136**

DO NOT WRITE IN THIS SPACE

02122005 No 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

**COLLING, LEE JAY
682 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WILEY, MERRIT
25609 CITRUS BLOSSOM D
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DUSTIN, CHARLES
25811 LILAC CT
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
INGLIS, ELIZABETH
25764 CARNATION CT
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROOKS, MARIE
25735 CARNATION COURT
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WALTERS, AUDREY
12500 COMMUNITY DRIVE
BONITA SPRINGS, FL 34135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
OLBRICH, CARL
25662 CITRUS BLOSSOM DR
BONITA SPRINGS, FL 34135**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL OLBRICH

02/14/05

239-498-5823

Date

Daytime Phone #