

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90158 018 *****61.25

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**

60032159



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0240443

Applied For
Not Applicable

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

Name
COLLING, LEE JAY
Street Address (P.O. Box Number is Not Acceptable)
629 VERSAILLES DRIVE
SUITE 100
City
MAITLAND **FL** Zip Code
32751

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

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RUSE, SPIKE ☒ Delete
25648 REDBLUSH CIRCLE
BONITA SPRINGS, FL 34135

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HENDRICKS, SALLY ☒ Delete
25776 CARNATION CT
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WALTER, ERNA ☐ Delete
25656 CITRUS BLOSSOM DR
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ASHBY, ROSLYN ☒ Delete
25500 IMPATIENS CT
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KRUSE, SPIKE ☒ Change ☐ Addition
25648 REDBLUSH CIRCLE
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
STERLING, FAY ☐ Change ☒ Addition
25615 LIMEQUAT CT
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECY
THOMPSON, FRAN ☐ Change ☒ Addition
25991 WALNUT CT
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STORM, CHUCK ☐ Change ☒ Addition
25979 CEDAR HILL CT
BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #