2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

BONITA SPRINGS FL 34136

P.O. BOX 366071

DOCUMENT # N37605

1. Entity Name

P.O. BOX 366071 BONITA SPRINGS FL 34136

Principal Place of Business

2. Principal Place of Business

CITRUS PARK MOBILE HOME OWNERS ASSOCIATION, INC.



P.O. Box 366071

FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90167 042 ****61.25

ZUUJJ7UJ

☐ CHECK HERE IF MAKING CHANGES									
FEI Number 65-0240443	Applied For								

Suite, Apt. #	F.O. BOX 3000/ 1	Suite, Apt. #, etc. PtU, Box 366071 Benita Springs, FL 34136			☐ CHECK HERE IF MAKING CHANGES			
City & State	Bonita Springs, FL 3/126	City & State	City & State		4. FEI Number 65-0240443			plied For
Only a olare		- ,	_			0210110	Not	t Applicable
Zip	Country 115A	Zip	USA		5. Certificate of Sta		8.75 Addi ee Required	
					~7. Name and Address of New Registered Agent			
			Name					
COLLING, LEE JAY 500 NO. MAITLAND AVE SUITE 203			Street Address (P.O. Box Number is Not Acceptable)					
MAITLAND	FL 32751		City			FL	Zip Code	
	named entity submits this statement for thons of registered agent.	ne purpose of changing its reg	gistered office or	registere	ed agent, or both, in t	he State of Florida. I am fa	miliar with, a	and accept
ino obligan								
SIGNATURE _								
5,0,0,0,12	Signature, types or printed name of registered agent and	title if applicable. (NOTE: Re	egistered Agent signatur	re required	when reinstating)	DATE		
F	ILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIREC	CTORS	11.	-	ADDITIONS/CHANG	S TO OFFICERS AND DIR	ECTORS IN	10
	VD	☐ Delete	TITLE	0	HILLIP GI HE QUAT	PAY	Change	Addition
	WILEY, MERRIT		NAME		MEANAT	' DR		
STREET ADDRESS	25609 CITRUS BLOSSOM D		STREET ADDRESS	<i>L1</i>	172 9077	- 11- m		
CITY-ST-ZIP "	BONITA SPRINGS FL 34135		CITY-ST-ZIP	BE	MITH SP.	FL 34/35		
TITLE,	D (§	☐ Delete	TITLE				Change	☐ Addition
	DUSTIN, CHÂRLES		NAME					ļ
	25811 LILAC CT		STREET ADDRESS					
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP	-			Change	Addition
TITLE	SD	☐ Delète	TITLE				Change	☐ Addition
NAME	BEAUDOIN, LISI		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	25603 CITRUS BLOSSOM DR		CITY-ST-ZIP					
	BONITA SPRINGS FL 34135 TD	Delete	TITLE			<u></u>	Change	☐ Addition
TITLE NAME	BROOKS, MARIE	□ Delete	NAME					_
STREET ADDRESS	25735 CARNATION COURT		STREET ADDRESS					
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP			_		
TITLE	D	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	WALTERS, AUDREY		NAME			•		
STREET ADDRESS	12500 COMMUNITY DRIVE		STREET ADDRESS					
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP					
TITLE	PD	☐ Delete	TITLE				Change	☐ Addition
NAME	OLBRICH, CARL		NAME					
STREET ADDRESS	25716 CARNATION CT		STREET ADDRESS			•		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP	<u></u>		11 5 12 1	and a also a second	- f
	and the second s	sic filing door not qualify for th	no everention stat	ted in Se	ection 119 07(3)(i). Ek	orida Statutes. I further cer	ary that the ir	normation

indicated on this report or supplied with this filing coes not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.