

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 12 PM 11:34

DOCUMENT # **N94000002656 (6)**  
1. Corporation Name  
**CITRUS ISLE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
1765 ROCHELLE PKWY MERRITT ISLAND FL 32952  
1765 ROCHELLE PKWY MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **05/23/1994** 3a. Date of Last Report **6-20-94**

4. FEI Number **59-3246259** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent  
**DICHRISTOPHER, MICHAEL A  
1765 ROCHELLE PKWY  
MERRITT ISLAND FL 32952**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SASSO, MARCIA C</b>	1.2 NAME	
STREET ADDRESS	<b>517 NE 6TH AVE.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DEERFIELD BEACH FL 33441</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DPST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICHRISTOPHER, MICHAEL A</b>	2.2 NAME	
STREET ADDRESS	<b>1765 ROCHELLE PKWY</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MERRITT ISLAND FL 32952</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DECHRISTOPHER, JOHN M</b>	3.2 NAME	
STREET ADDRESS	<b>8710 CHARLES LIMPUS RD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL 32819</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael A. DiChristopher **4-7-95** **407-454-4999**  
Signature and typed or printed name of signing officer or director (Date) (Phone Number)  
**MICHAEL A. DICHRISTOPHER**