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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N94000002656		
1. Corporation Name CITRUS ISLE HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 1765 ROCHELLE PKWY MERRITT ISLAND FL 32952	Mailing Address 1765 ROCHELLE PKWY MERRITT ISLAND FL 32952	



21. Principal Place of Business 711 Wildflower Street	2a. Mailing Address 711 Wildflower Street	3. Date Incorporated or Qualified 05/23/1994
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-3246259
23. City & State Merritt Island, FL	28. City & State Merritt Island, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip 32953	25. Country USA	29. Zip 32953
30. Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent DICHRISTOPHER, MICHAEL A 1765 ROCHELLE PKWY MERRITT ISLAND FL 32952		81. Name NINDO F. Federico
		82. Street Address (P.O. Box Number is Not Acceptable) 771 Wildflower Street
		83. City
		84. City Merritt Island
		85. Zip Code FL 32953

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/16/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT (P) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SASSO, MARCIA C	1.2 NAME	Keith Hilterbrant
STREET ADDRESS	517 NE 6TH AVE.	1.3 STREET ADDRESS	711 Wildflower Street
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	1.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	DPST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECRETARY (S) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICHRISTOPHER, MICHAEL A	2.2 NAME	PATTY SPIVEY
STREET ADDRESS	1765 ROCHELLE PKWY	2.3 STREET ADDRESS	810 Wildflower Street
CITY-ST-ZIP	MERRITT ISLAND FL 32952	2.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TREASURER (T) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DECHRISTOPHER, JOHN M	3.2 NAME	Jacqueline Morales
STREET ADDRESS	8710 CHARLES LIMPUS RD.	3.3 STREET ADDRESS	720 Wildflower Street
CITY-ST-ZIP	ORLANDO FL 32819	3.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Nino Federico
STREET ADDRESS		4.3 STREET ADDRESS	711 Wildflower Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Richard Keer
STREET ADDRESS		5.3 STREET ADDRESS	811 Wildflower Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Daniel FISCAL
STREET ADDRESS		6.3 STREET ADDRESS	710 Wildflower Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Merritt Island, FL 32953

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/16/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)

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1999 NONPROFIT CORPORATION ANNUAL REPORT (CONTINUED)

Document Number: N94000002656
CITRUS ISLES HOMEOWNERS ASSOCIATION

ITEM 13 CONTINUED (Additions)

(D)
Donna Schra
791 Wildflower Street
Merritt Island, FL 32953

(V)
Peter Morales
720 Wildflower Street
Merritt Island, FL 32953

(D)
Frank Gurnavage
731 Wildflower Street
Merritt Island, FL 32953

(D)
Glenn Jackson
691 Wildflower Street
Merritt Island, FL 32953