

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90030 002 ****70.00

80101721

DO NOT WRITE IN THIS SPACE

DOCUMENT # N94 0000 2656
 1. Entity Name
CITRUS ISLE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
711 WILDFLOWER ST. 711 WILDFLOWER ST.
MERRITT ISLAND, FL MERRITT ISLAND, FL
32953 32953


2. Principal Place of Business 3. Mailing Address
720 WILDFLOWER ST. P.O. BOX 540909
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MERRITT ISLAND, FL MERRITT ISLAND, FL
 Zip Country Zip Country
32953 USA 32953 USA

4. FEI Number Applied For
59-3246259 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NINO F. FEDERICO
771 WILDFLOWER ST.
MERRITT ISLAND, FL 32953

7. Name and Address of New Registered Agent
 Name PETER MORALES
 Street Address (P.O. Box Number is Not Acceptable)
720 WILDFLOWER ST.
 City MERRITT ISLAND FL Zip Code

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.
 SIGNATURE PETER MORALES, PRESIDENT  DATE 5-13-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>KEITH HILTBORANT</u> <u>711 WILDFLOWER ST.</u> <u>MERRITT ISLAND, FL 32953</u> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u> <u>PATTY SPINBY</u> <u>810 WILDFLOWER ST.</u> <u>MERRITT ISLAND, FL 32953</u> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JACQUELINE MORALES 720 WILDFLOWER ST. MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DONNA SCHRA</u> <u>791 WILDFLOWER ST.</u> <u>MERRITT ISLAND, FL 32953</u> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>PETER MORALES</u> <u>720 WILDFLOWER ST.</u> <u>MERRITT ISLAND, FL 32953</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT</u> <u>RICHARD KEER</u> <u>811 WILDFLOWER ST.</u> <u>MERRITT ISLAND, FL 32953</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY</u> <u>ROBIN M. PANRUCH</u> <u>721 WILDFLOWER ST.</u> <u>MERRITT ISLAND, FL 32953</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER</u> <u>AL SCOTT</u> <u>640 WILDFLOWER ST.</u> <u>MERRITT ISLAND, FL 32953</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR</u> <u>JACQUELINE MORALES</u> <u>720 WILDFLOWER ST.</u> <u>MERRITT ISLAND, FL 32953</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARRY SPINBY <u>DIRECTOR</u> <u>HARRY SPINBY</u> <u>810 WILDFLOWER ST.</u> <u>MERRITT ISLAND, FL 32953</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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:  DATE: 5-13-00 DAYTIME PHONE #: (321) 853-2384

CR2E037 (9/99)