

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # N94000002656

1. Entity Name
 CITRUS ISLE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 720 WILDFLOWER ST MERRITT ISLAND FL 32953	Mailing Address P O BOX 540909 MERRITT ISLAND FL 32953
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2. Principal Place of Business 680 WILDFLOWER ST	3. Mailing Address P O BOX 540909
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MERRITT ISLAND FL	City & State MERRITT ISLAND FL
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Zip 32953	Country	Zip 32954	Country
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4. FEI Number 59-3246259	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORALES PETER
 720 WILDFLOWER ST
 MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name
 KING DAVID
 Street Address (P.O. Box Number is Not Acceptable)
 680 WILDFLOWER ST
 City
 MERRITT ISLAND FL Zip Code
 32953

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 DAVID KING DATE 04/29/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	T SCOTT AL 640 WILD FLOWER ST MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEER RICHARD 811 WILD FLOWER ST MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PANRUCH ROBIN M 721 WILD FLOWER ST MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORALES JACQUELINE 720 WILDFLOWER ST MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIVEY HARRY 810 WILDFLOWER ST MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORALES PETER 720 WILD FLOWER ST MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCAL DAN 710 WILD FLOWER ST MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHEMISTER DONNA 650 WILD FLOWER ST MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACIAS KELLY 661 WILDFLOWER ST MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING DAVID 680 WILD FLOWER ST MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Change <input 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)(f), 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: DAVID KING P DATE: 04/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)

TINA FEDERICO, DIRECTOR
771 WILDFLOWER STREET
MERRITT ISLAND, FL 32953