

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 02, 2006
Secretary of State**

DOCUMENT# N94000002656

Entity Name: CITRUS ISLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

661 WILDFLOWER ST
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

P O BOX 540909
MERRITT ISLAND, FL 32954

New Mailing Address:

FEI Number: 59-3246259 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACIAS, KELLY L MRS
661 WILDFLOWER ST
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DIMMER, WILLIAM MR.
Address: 641 WILDFLOWER ST
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: PANKUCH, TODD
Address: 721 WILDFLOWER ST
City-St-Zip: MERRITT ISLAND, FL 32953

Title: T () Delete
Name: MACIAS, KELLY
Address: 661 WILDFLOWER ST
City-St-Zip: MERRITT ISLAND, FL 32953

Title: S () Delete
Name: COOPER, DIANE
Address: 2846 SEBASTIAN DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: LIETZEN, MIKE MR
Address: 631 WILDFLOWER ST
City-St-Zip: MERRITT ISLAND, FL 32953

Title: P () Delete
Name: PALLA, WILLIAM
Address: 621 WILD FLOWER ST
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY L MACIAS

T

02/02/2006

Electronic Signature of Signing Officer or Director

Date