



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N94000002656 1. Entity Name CITRUS ISLE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 821 WILDFLOWER STREET MERRITT ISLAND, FL 32953	Mailing Address P O BOX 540909 MERRITT ISLAND, FL 32954
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DO NOT WRITE IN THIS SPACE


 04052008 No Chg-NP CR2E037 (4/06)

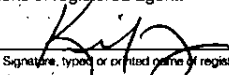
4. FEI Number 59-3246259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILEY, KIMBERLY
 821 WILDFLOWER ST.
 MERRITT ISLAND, FL 32953

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 4/14/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000904281
 05/01/08-80006-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIMMER, WILLIAM MR. 641 WILDFLOWER ST MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PANKUCH, TODD 721 WILDFLOWER ST MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILEY, KIMBERLY 821 WILDFLOWER ST. MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WILLIAMS, JACQUIE 811 WILDFLOWER ST MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIETZEN, MIKE MR 631 WILDFLOWER ST MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCGINN, BUD 740 WILDFLOWER ST. MERRITT ISLAND, FL 32953

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 4/14/08 DAYTIME PHONE #: 321-453-0904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR