FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS (5)N37605 DOCUMENT #
1. Corporation Name CITRUS PARK MOBILE HOME OWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business P.O. BOX 705 BONITA SPRINGS FL 33959 P.O. BOX 705 BONITA SPRINGS FL 33959



									orporated or Qualified 109/1990		e of Last F)2/14/19	
2. Principal Pla	ice of Busines	SS	2a. Mailing	Address				4. FEI Num			L A	pplied For
1			26					65-	0240443			lot Applicable
Suite, Apt. #, etc.			—	Suite, Apt. #, etc.					te of Status Desired	S8.75 Additional Fee Required		
City & State			City &	State				6. Election	Campaign Financing		\$5.00	May Be
23			28						nd Contribution			to Fees
Zip		Country	Zip		C	ountry		8. This core	poration has liability for	r intangible tax	cunder s.	199.032,
24		25	29		30			Florida S		☐ Yes 🔀		
	L	and Address of Current		gent				10. Name a	nd Address of New	Registered A	gent	
			<u></u>			81	Name					
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COLLING, LEE JAY						62	Street Addr	et Address (P.O. Box Number is Not Acceptable)				
	FIRST UNION BLDG					83						
	PANGE AVE					"						
ORLAND	O FL 3280	1				84	City			FL	85 Zip	Code
		76 5.3.55**		Florida Otot :-	a h	<u> </u>	amad sares	ration automita sh	nic statement for the si		noina its re	enistered office
11. Pursuant t	o the provision of the control of th	ns of Sections 617.0502 both, in the State of Florid	and 617.1508 Ia. Such chand	, Florida Statute Je was authorize	is, the al	e corpo	ameo corpor oration's boar	rd of directors.	hereby accept the ap	pointment as i	registered	agent. I am
familiar wit	th, and accep	t the obligations of, Section	on 617.0503, F	lorida Statutes	-,							
SIGNATURE _							<u> </u>					
0.0.0	Signature, typed o	r printed name of registered agent a		(NO)			t signature require	d when reinstating)	NA COLANDIA DA OS	DATE COLOR AND	FNICICALC	DO IN 10
12.		OFFICERS AND	DIRECTORS			3.		ADDITIC	NS/CHANGES TO OF			
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certry that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature stall have the same regarded 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 amaderess.