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NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Merthalfi 🏲

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # N05629

(3)

THE CITRUS OAKS HOMEOWNERS' ASSOCIATION, INC.

| 180 PARK AV TE. 326 | ce of Business /E. N. FL 32789-2398 | Mailing Address 2180 PARK AVE. N. STE. 328 WINTER PARK FL 32789-239 | 16 | 3. Date Incorporated or Qualified 10/12/1984 | Sa. Date of Last R 05/01/199 | |
|---|--|--|---|---|--|--|
| _ | Place of Business | 2a. Mailing Address | | 4. FEI Number 59-2336316 | | oplied For |
| Suile, Ap | t. #, etc. | 26 Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 | ot Applicable Additional equired |
| City & Sta | ale | City & State | | 6. Election Campaign Financing | | May Be |
| 3 Zip | Country | Zip | Country | Trust Fund Contribution 8. This corporation has liability for it | | to Fees . 199.032. |
| 4 | 25 | 29 | 30 | | Yes No | . , , , |
| | 9. Name and Address of Curr | ent Registered Agent | | 10. Name and Address of New Re | gistered Agent | |
| - | | | 81 Name | ···· | | |
| | M, THOMAS D ARK AVE. N. | | 82 Street | Address (P.O. Box Number is Not Acceptab | ole) | |
| | | | | | | |
| MINIE | PARK FL 32789-2398 | | 84 City | | FL 85 Zip | Code |
| office of | it to the provisions of Sections 617.0 registered agent, or both, in the Sta am familiar with, and accept the obl | ite of Florida. Such change was a | authorized by the corp | corporation submits this statement for the p poration's board of directors. I hereby accept | ot the appointment as | is registered registered |
| SIGNATURE | Sinceling broad or ryinted agree of registered | argent and title if applicable (NOT | Registered Agent signships | p coulied when reinstation | DATE | |
| SIGNATURE | Signature, typed or printed name of registered a | | Registered Agent signature | | DATE | RS IN 12 |
| 12. | Signature, typed or printed name of registered a OFFICERS A | agent and title if applicable (NOTI ND DIRECTORS | 13. | o required when reinstating) ADDITIONS/CHANGES TO OFFIC | | |
| 12. TITLE | Signature, typed or printed name of registered a OFFICERS A | ND DIRECTORS | | | ERS AND DIRECTOR | |
| 12. TITLE NAME | Signature, typed or printed name of registered a OFFICERS A PO EASTN, PHILLIP | ND DIRECTORS | 13. 1.1 TITLE 5 T | | ERS AND DIRECTOR | |
| 12. Title NAME STREET ADDRESS | Signature, typed or printed name of registered a OFFICERS A PO EASTN, PHILLIP | ND DIRECTORS | 13. 1.1 TITLE ST 1.2 NAME | | ERS AND DIRECTOR | |
| 12. NAME STREET ADDRESS CHY-ST-ZIP | OFFICERS A PD EASTN, PHILLIP 9305 LAKE LOTTA CIRCLE | ND DIRECTORS | 13. 1.1 TITLE 51 1.2 NAME 1.3 STREET ADDRESS | ADDITIONS/CHANGES TO OFFIC | CERS AND DIRECTOR Zi Change | Additio |
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SIGNATURE:

TORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97

FILED

May 15 1997 8:00am

Secretary of State

Davrime Phone #2012207