


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N05629 (3) 1. Corporation Name THE CITRUS OAKS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2180 PARK AVE. N. STE. 326 WINTER PARK FL 32789-2398			Mailing Address 2180 PARK AVE. N. STE. 326 WINTER PARK FL 32789-2398		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/12/1984	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2336316 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MALCOM, THOMAS D 2180 PARK AVE. N. SUITE 326 WINTER PARK FL 32789-2398				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	EASTN, PHILLIP				
STREET ADDRESS	9305 LAKE LOTTA CIRCLE				
CITY-ST-ZIP	GOtha FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	PETTIFER, GRAHAM				
STREET ADDRESS	1208 CITRUS OAKS AVE				
CITY-ST-ZIP	GOtha FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HALE, DAVID				
STREET ADDRESS	9403 COMEAU				
CITY-ST-ZIP	GOtha FL				
TITLE	VP	<input checked="" type="checkbox"/> DELETE			
NAME	HOYT, J DAVID				
STREET ADDRESS	9454 COMEAU				
CITY-ST-ZIP	GOtha FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	HATFIELD, DANNY				
STREET ADDRESS	9410 COMEAU ST				
CITY-ST-ZIP	GOtha FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Phillip Easton				
1.3 STREET ADDRESS	9305 Lake Lotta Cir.				
1.4 CITY-ST-ZIP	Gotha, FL 34734				
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Susan Smith				
2.3 STREET ADDRESS	9353 Comeau St.				
2.4 CITY-ST-ZIP	Gotha, FL 34734				
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	David Hale				
3.3 STREET ADDRESS	9403 Comeau St.				
3.4 CITY-ST-ZIP	Gotha, FL 34734				
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	Rhonda Smith				
4.3 STREET ADDRESS	9463 Lake Lotta Cir.				
4.4 CITY-ST-ZIP	Gotha, FL 34734				
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME	Danny Hatfield				
5.3 STREET ADDRESS	9410 Comeau St.				
5.4 CITY-ST-ZIP	Gotha, FL 34734				
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME	William Tivey				
6.3 STREET ADDRESS	9300 Comeau St.				
6.4 CITY-ST-ZIP	Gotha, FL 34734				
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <u>Danny Hatfield</u> <u>Danny Hatfield</u> <u>4/29/98</u> <u>(407) 647-2622</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012180					

CR2E037 (10/97)