

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90185 006 ****61.25

DOCUMENT # N05629

1. Entity Name

THE CITRUS OAKS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 PARK AVE. N.
STE. 326
WINTER PARK FL 32789-2398

2180 PARK AVE. N.
STE. 326
WINTER PARK FL 32789-2358



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

444 W. New England Ave

3. Mailing Address

444 W. New England Ave

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.
Suite B

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip
32789

Country

Zip

Country

4. FEI Number

59-2336316

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALCOM, THOMAS D
2180 PARK AVE. N.
SUITE 326
WINTER PARK FL 32789-2398

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

444 W. New England Ave

Suite B

City

Winter Park

FL

Zip Code

32789

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DAMMES, JEFFREY	
STREET ADDRESS	9451 LAKE LOTTA CIRCLE	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, SUSAN	
STREET ADDRESS	9353 COMEAU ST	
CITY-ST-ZIP	GOTHA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HALE, DAVID	
STREET ADDRESS	9403 COMEAU	
CITY-ST-ZIP	GOTHA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATFIELD, DANNY	
STREET ADDRESS	9410 COMEAU ST	
CITY-ST-ZIP	GOTHA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TIVEY, WILLIAM	
STREET ADDRESS	9300 COMEAU ST	
CITY-ST-ZIP	GOTHA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelli Hojila	
STREET ADDRESS	1204 Citrus Oaks Ave	
CITY-ST-ZIP	Gotha, FL 34734	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hatfield Danny	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)