# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2004**
**Secretary of State**

DOCUMENT# N05629

**Entity Name:** THE CITRUS OAKS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

882 JACKSON AVE
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

882 JACKSON AVE
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number: 59-2336316** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALCOM, THOMAS D
882 JACKSON AVE
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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: _____
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete
Name: TIVEY, CINDY
Address: 9300 CAMEAU ST
City-St-Zip: GOTHA, FL 34734

Title: TD ( ) Delete
Name: HATFIELD, DANNY
Address: 9410 COMEAU ST
City-St-Zip: GOTHA, FL

Title: V ( ) Delete
Name: COX, PAT
Address: 9444 LAKE LOTTA CIRCLE
City-St-Zip: GOTHA, FL 34734

Title: P ( ) Delete
Name: TIVEY, WILLIAM
Address: 9300 COMEAU STREET
City-St-Zip: GOTHA, FL 34734

Title: D ( ) Delete
Name: WIRICK, EDITH
Address: 9466 LAKE LOTTA CIRCLE
City-St-Zip: GOTHA, FL 34734

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: COX, PAT
Address: 9444 LAKE LOTTA CIRCLE
City-St-Zip: GOTHA, FL 34734

Title: D (X) Change ( ) Addition
Name: TIVEY, WILLIAM
Address: 9300 COMEAU STREET
City-St-Zip: GOTHA, FL 34734

Title: PD (X) Change ( ) Addition
Name: WIRICK, EDITH
Address: 9466 LAKE LOTTA CIRCLE
City-St-Zip: GOTHA, FL 34734

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY TIVEY SD 04/27/2004
Electronic Signature of Signing Officer or Director — Date