

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05629

FILED  
Apr 26, 2006  
Secretary of State

**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: GOTH, FL 34734

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

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

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

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

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

Title: STD (X) Change ( ) Addition  
Name: TIVEY, CINDY  
Address: 9300 CAMEAU ST  
City-St-Zip: GOTH, FL 34734

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WILLIAM TIVEY

PD

04/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date