

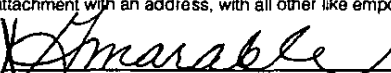


FILED
Feb 16, 2007 8:00 am
Secretary of State

DOCUMENT # N05629			
1. Entity Name THE CITRUS OAKS HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business %L.A. REAL ESTATE, INC. 7523 ALOMA AVENUE, SUITE 101 WINTER PARK, FL 32792		Mailing Address %L.A. REAL ESTATE, INC. 7523 ALOMA AVENUE, SUITE 101 WINTER PARK, FL 32792	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
MALCOM, THOMAS D 882 JACKSON AVE WINTER PARK, FL 32789		Name Misley	
		Street Address L. A.	
		7523 A	
		City Winter	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TIVEY, CINDY 9300 CAMEAU ST GOTHA, FL 34734	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIVEY, WILLIAM 9300 COMEAU STREET GOTHA, FL 34734	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WIRICK, EDITH 9466 LAKE LOTTA CIRCLE GOTHA, FL 34734	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIVEY, CINDY 9300 CAMEAU ST GOTHA, FL 34734	<input checked="" type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 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			