

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05629

FILED
Apr 23, 2008
Secretary of State

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

Current Principal Place of Business:

SPECIALTY MANAGEMENT CO OF CENTRAL FLORIDA
882 JACKSON AVENUE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

SPECIALTY MANAGEMENT CO. OF CENTRAL FLORID
882 JACKSON AVENUE
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 AVENUE
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: PD () Delete
Name: WIRICK, EDITH
Address: 9466 LAKE LOTTA CIRCLE
City-St-Zip: GOTH, FL 32734

Title: SD () Delete
Name: TIVEY, CINDY
Address: 9300 COMEAU ST.
City-St-Zip: GOTH, FL 32734

Title: TD () Delete
Name: ELAINE, KENT
Address: 9463 COMEAU ST.
City-St-Zip: GOTH, FL 32734

Title: VPD (X) Delete
Name: WALKER, BRYAN
Address: 9301 DANNEY ST.
City-St-Zip: GOTH, FL 32734

Title: D (X) Delete
Name: BRANDT, PATRICK
Address: 9317 DANNEY
City-St-Zip: GOTH, FL 32734

Title: D (X) Delete
Name: CAUDILL, CONNIE
Address: 9458 LAKE LOTTA CIRCLE
City-St-Zip: GOTH, FL 32734

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: WALKER, BRYAN
Address: 9301 DANNEY ST.
City-St-Zip: GOTH, FL 32734

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 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: EDITH WIRICK

PD

04/23/2008

Electronic Signature of Signing Officer or Director

Date