MELONTREE C GOTHA, FL 34				
Current Mai	ling Address:			
115 MAITLA	DTCH MANAGEMENT SERVICES ND AVE. E SPRINGS, FL 32701 US			
FEI Number: 59-3759054		Certificate of Status Desired: No		
Name and A	ddress of Current Registered Agent:			
115 MAITLAND	H MANAGEMENT SERVICES			
The above named	l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florida.	
	l entity submits this statement for the purpose of changing its regis	stered office or regis		1/09/2021
		tered office or regis		4/09/2021 Date
	MARILYN VINCE Electronic Signature of Registered Agent	tered office or regis		
SIGNATURE	MARILYN VINCE Electronic Signature of Registered Agent	tered office or regis		
SIGNATURE	MARILYN VINCE Electronic Signature of Registered Agent ctor Detail :		04	
SIGNATURE Officer/Direc Title	MARILYN VINCE Electronic Signature of Registered Agent SECRETARY	Title	04 PRESIDENT	
SIGNATURE Officer/Direc Title Name Address	MARILYN VINCE Electronic Signature of Registered Agent SECRETARY JONES, SYREESA C/O TOP NOTCH MANAGEMENT SERVICES	Title Name	04 PRESIDENT BLASKO, JOSEPH C/O TOP NOTCH MANAGEMENT SERVICES 115 MAITLAND AVE.	
SIGNATURE Officer/Direc Title Name Address	MARILYN VINCE Electronic Signature of Registered Agent SECRETARY JONES, SYREESA C/O TOP NOTCH MANAGEMENT SERVICES 115 MAITLAND AVE.	Title Name Address	04 PRESIDENT BLASKO, JOSEPH C/O TOP NOTCH MANAGEMENT SERVICES 115 MAITLAND AVE.	
SIGNATURE Officer/Dired Title Name Address City-State-Zip:	MARILYN VINCE Electronic Signature of Registered Agent SECRETARY JONES, SYREESA C/O TOP NOTCH MANAGEMENT SERVICES 115 MAITLAND AVE. ALTAMONTE SPRINGS FL 32701	Title Name Address City-State-Zip:	04 PRESIDENT BLASKO, JOSEPH C/O TOP NOTCH MANAGEMENT SERVICES 115 MAITLAND AVE. ALTAMONTE SPRINGS FL 32701	

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: CITRUS OAKS LANDINGS CONDOMINIUM ASSOCIATION, INC.

DOCUMENT# N0100005508

**Current Principal Place of Business:** 

I hereby 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 all other like empowered.

## SIGNATURE: MARILYN VINCE

City-State-Zip: ALTAMONTE SPRINGS FL 32701

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: ALTAMONTE SPRINGS FL 32701

MANAGER

FILED Apr 09, 2021 Secretary of State 9303112333CC