

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05629

Entity Name: THE CITRUS OAKS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**TOP NOTCH REALTY SERVICES
110 N. ORLANDO AVE. STE 14
MAITLAND, FL 32751**Current Mailing Address:**TOP NOTCH REALTY SERVICES
110 N. ORLANDO AVE. STE 14
MAITLAND, FL 32751 US**FEI Number:** 59-2336316**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VINCE, MARILYN
TOP NOTCH REALTY SERVICES
110 N. ORLANDO AVE. STE 14
MAITLAND, FL 32751 US*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:** MARILYN VINCE

03/18/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CAUDILL, CONNIE
Address C/O TOP NOTCH REALTY SERVICES
 110 N. ORLANDO AVE. STE 14
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name MEUSEL, FREDRICK
Address C/O TOP NOTCH REALTY SERVICES
 110 N. ORLANDO AVE. STE 14
City-State-Zip: MAITLAND FL 32751

Title TREASURER
Name WAYLANDER, ELIZABETH
Address C/O TOP NOTCH REALTY SERVICES
 110 N. ORLANDO AVE. STE 14
City-State-Zip: MAITLAND FL 32751

Title SECRETARY
Name BLACK, CHRIS
Address C/O TOP NOTCH REALTY SERVICES
 110 N. ORLANDO AVE. STE 14
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name MAEACHIN, MARY
Address C/O TOP NOTCH REALTY SERVICES
 110 N. ORLANDO AVE. STE 14
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name LIMA, TALYTAS
Address C/O TOP NOTCH REALTY SERVICES
 110 N. ORLANDO AVE. STE 14
City-State-Zip: MAITLAND FL 32751

Title MANAGER
Name VINCE, MARILYN
Address TOP NOTCH REALTY SERVICES
 110 N. ORLANDO AVE. STE 14
City-State-Zip: MAITLAND FL 32751

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

MANAGER

03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date