

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21239

**FILED**  
**Jan 17, 2024**  
**Secretary of State**  
**1338785516CC**

**Entity Name:** ROYAL OAKS OF CITRUS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7084 W GULF TO LAKE HWY  
STE 2A  
CRYSTAL RIVER, FL 34429

**Current Mailing Address:**

7084 W GULF TO LAKE HWY  
STE 2A  
CRYSTAL RIVER, FL 34429 US

**FEI Number: 59-2826048**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PARKLANE REAL ESTATE SERVICES  
7084 W GULF TO LAKE HWY  
STE 2A  
CRYSTAL RIVER, FL 34429 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: DORA STEED**

**01/17/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DICKINSON, MARY  
Address        7084 W GULF TO LAKE HWY  
                  STE 2A  
City-State-Zip: CRYSTAL RIVER FL 34429

Title            MAINTENANCE DIRECTOR  
Name            DELONG, BOB  
Address        7084 W GULF TO LAKE HWY  
                  STE 2A  
City-State-Zip: CRYSTAL RIVER FL 34429

Title            VP  
Name            MALONE, JENN  
Address        7084 W GULF TO LAKE HWY  
                  STE 2A  
City-State-Zip: CRYSTAL RIVER FL 34429

Title            SECRETARY, DIRECTOR AT LARGE  
Name            SAVINO, PAT  
Address        7084 W GULF TO LAKE HWY  
                  STE 2A  
City-State-Zip: CRYSTAL RIVER FL 34429

Title            TREASURER  
Name            JOHNSEN, LISA  
Address        7084 W GULF TO LAKE HWY  
                  STE 2A  
City-State-Zip: CRYSTAL RIVER FL 34429

*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: MARY DICKINSON**

**PRESIDENT**

**01/17/2024**

Electronic Signature of Signing Officer/Director Detail

Date