

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37605

**Entity Name:** CITRUS PARK MOBILE HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**25618 TARACCO DRIVE  
BONITA SPRINGS, FL 34135**Current Mailing Address:**P.O. BOX 366725  
BONITA SPRINGS, FL 34136**FEI Number:** 65-0240443**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLLING, LEE JAY  
529 VERSAILLES DRIVE  
SUITE 103  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	S
Name	DERBY, MARCIE
Address	25618 TAROCCO DR.
City-State-Zip:	BONITA SPRINGS FL 34135

Title	TREASURER
Name	SPRANGER, TERRY
Address	25728 DANDELION COURT
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	GRUVER, LONNA
Address	25996 FLOWERSTONE COURT
City-State-Zip:	BONITA SPRINGS FL 34135

Title	VP
Name	HANSEN, CHARLEY
Address	25633 REDBLUSH
City-State-Zip:	BONITA SPRINGS FL 34135

Title	PRESIDENT
Name	KERKSTRA, GORDON
Address	25618 TARACCO DRIVE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	HENDRICKS, SALLY
Address	25776 CARNATION COURT
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	KRAMER, BOB
Address	25955 CEDAR HILL
City-State-Zip:	BONITA SPRINGS FL 34135

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: TERRY SPRANGER****TREASURER****01/24/2016**

Electronic Signature of Signing Officer/Director Detail

Date