

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37605

Entity Name: CITRUS PARK MOBILE HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**25639 RED BLUSH CR.
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 SECRETARY
Name LYLE-FREEMAN, JOYCE
Address 25728 LILAC CT.
City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT
Name MOLINA, JOSEPH
Address 25639 RED BLUSH CR.
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER
Name KALUSH HUBER, MARTHA
Address 25936 FLOWERSTONE CT
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name MOORE, SHARI
Address 25613 PIXIE LANE
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name DAVIS, THOMAS
Address 25530 IMPATIENCE
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name PULFER, THOMAS
Address 25601 CITRUS BLOSSOM
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name MARRON, JOHN
Address 25997 FLOWERSTONE COURT
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name THOMAS, JOANNE
Address 25729 DANDELION CT.
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: MARTHA KALUSH HUBER

TREASURER

01/30/2020

Electronic Signature of Signing Officer/Director Detail

Date