

2018 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: Yes****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 DERBY, MARCIE
Address 25618 TARACCO DR.
City-State-Zip: BONITA SPRINGS FL 34135

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

Title TREASURER
Name THOMAS, JOANNE
Address 25729 DANDELION COURT
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 KRAMER, BOB
Address 25955 CEDAR HILL
City-State-Zip: BONITA SPRINGS FL 34135

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

Title DIRECTOR
Name DAWSON, DON
Address 25604 CITRUS BLOSSOM
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: JOANNE THOMAS**TREASURER****02/03/2018**

Electronic Signature of Signing Officer/Director Detail

Date