

2015 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	PRESIDENT
Name	KRUSE, SPIKE
Address	25648 REDBLUSH CIRCLE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	DAVIS, TOM
Address	25530 IMPATIENS COURT
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	SHEPPARD, BARBARA
Address	25734 DANDELION COURT
City-State-Zip:	BONITA SPRINGS FL 34135

Title	VP
Name	KERKSTRA, GORDON
Address	25622 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	HENDRICKS, SALLY
Address	25776 CARNATION COURT
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	STORM, CHUCK
Address	25979 CEDAR HILL COURT
City-State-Zip:	BONITA SPRINGS FL 34135

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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

02/06/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name KING, RALPH
Address 12461 COMMUNITY DRIVE
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name WALTERS, AUDREY
Address 12500 COMMUNITY DRIVE
City-State-Zip: BONITA SPRINGS FL 34135