

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002656

Entity Name: CITRUS ISLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

710 WILDFLOWER STREET
MERRITT ISLAND, FL 32953

Current Mailing Address:

P O BOX 540909
MERRITT ISLAND, FL 32954

FEI Number: 59-3246259

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FISKAL, DAN
710 WILDFLOWER STREET
MERRITT ISLAND, FL 32953 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: DAN FISKAL

03/02/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name BURROWS, SHARON
Address 601 WILDFLOWER ST.
City-State-Zip: MERRITT ISLAND FL 32953

Title PRESIDENT
Name FISKAL, DAN
Address 710 WILD FLOWER ST
City-State-Zip: MERRITT ISLAND FL 32953

Title VP
Name DIMMER, WILLIAM
Address 641 WILD FLOWER ST
City-State-Zip: MERRITT ISLAND FL 32953

Title TREASURER
Name COOPER, DIANE
Address 621 WILDFLOWER STREET
City-State-Zip: MERRITT ISLAND FL 32953

Title PRESIDENT
Name FISKAL, DAN
Address 710 WILD FLOWER ST
City-State-Zip: MERRITT ISLAND FL 32953

Title VP
Name DIMMER, WILLIAM
Address 641 WILD FLOWER ST
City-State-Zip: MERRITT ISLAND FL 32953

Title TREASURER
Name COOPER, DIANE
Address 621 WILDFLOWER STREET
City-State-Zip: MERRITT ISLAND FL 32953

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: DIANE COOPER

TREASURER

03/02/2014

Electronic Signature of Signing Officer/Director Detail

Date