
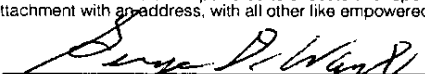


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90007 004 \*\*\*\*61.25

<b>DOCUMENT # 758496</b>					
1. Entity Name CITRUS CHASE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5205 S. ORANGE AVE. STE. 206 ORLANDO, FL 32809 US			Mailing Address 5205 S. ORANGE AVE. STE. 206 ORLANDO, FL 32809 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2176502	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOUSE OF MGMT ENT. 5205 S. ORANGE AVE., STE. 206 ORLANDO, FL 32809			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MISKO, JOHN		NAME	ANTHONY BUCCINO	
STREET ADDRESS	8419 CITRUS CHASE DR.		STREET ADDRESS	8638 VISTA PINE COURT	
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARGREAVES, MIKE		NAME		
STREET ADDRESS	8154 CITRUS CHASE DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLS, LENNY		NAME		
STREET ADDRESS	8452 TANGELO TREE DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARTRAND, ROBERT		NAME	PAULINE HARGREAVES	
STREET ADDRESS	8460 TANGELO TREE DR		STREET ADDRESS	8154 CITRUS CHASE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, GINA		NAME		
STREET ADDRESS	8358 TANGELO DR.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, GEORGE		NAME		
STREET ADDRESS	8463 TANGELO TREE DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 02/14/08		Daytime Phone #: 407-852-5300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					