


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 759737</b>	
1. Entity Name CITRUS COVE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 17548 MANDARIN CIR WINTER GARDEN, FL 34787 US	Mailing Address 17548 MANDARIN CIR WINTER GARDEN, FL 34787 US
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04042006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

AVERY, JEFFRIE K  
17548 MANDARIN CIRCLE  
WINTER GARDEN, FL 34787

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D AVERY, JEFFRIE K 17548 MANDARIN CIRCLE WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SHERMAN, HOWARD 17605 MANDARIN CIR WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AVERY, JEFFRE K 17548 MANDARIN CIRCLE WINTER GARDEN, FL 34787
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000000533108  
05/06/06-80108-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jeffrie K. Avery*

*4/16/06*

Date

Daytime Phone #