

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **765543** (4)

1. Corporation Name

**THE CITRUS WATERCOLOR CLUB, INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 142  
LECANTO FL 34461

POST OFFICE BOX 142  
LECANTO FL 34461



3. Date Incorporated or Qualified

**10/26/1982**

4. FEI Number

**59-2946213**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEAVER, ANNE**  
**3503 N. LAURELWOOD**  
**BEVERLY HILLS FL 34465**

81 Name **Roberta B Hunter**

82 Street Address (P.O. Box Number is Not Acceptable)

**228 S Starlit Pt**

83

84 City **INVERNESS**

**FL**

85 Zip Code **34450**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*President Roberta B Hunter*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P HUNTER, ROBERTA**  
STREET ADDRESS **228 S. STARLIT PT**  
CITY-ST-ZIP **INVERNESS FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **Roberta B Hunter**  
1.3 STREET ADDRESS **228 S Starlit Pt**  
1.4 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE ☒ DELETE  
NAME **VP BOYD, JOANN**  
STREET ADDRESS **4564 N. CRESTLINE DR.**  
CITY-ST-ZIP **BEVERLY HILLS FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **VP Bill Slinger, William**  
2.3 STREET ADDRESS **4295 E Riverside**  
2.4 CITY-ST-ZIP **DUNNELLON FL 34434**

TITLE ☐ DELETE  
NAME **S WELCH, ANN**  
STREET ADDRESS **14046 W. SIREN CT.**  
CITY-ST-ZIP **CRYSTAL RIVER FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **S Welch, Ann**  
3.3 STREET ADDRESS **14046 Sirena Ct**  
3.4 CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE ☐ DELETE  
NAME **D WILLIS, NORMA**  
STREET ADDRESS **7350 E TURNER CAMP ROAD**  
CITY-ST-ZIP **INVERNESS FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME **D Willis, Norma**  
4.3 STREET ADDRESS **7350 TURNER CAMP RD**  
4.4 CITY-ST-ZIP **INVERNESS FL 34453**

TITLE ☐ DELETE  
NAME **VD VIRGINIA NEAL**  
STREET ADDRESS **P.O. BOX 322 N/A**  
CITY-ST-ZIP **INGLIS FL 34432**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME **VD Neal, Virginia**  
5.3 STREET ADDRESS **P O BOX 322**  
5.4 CITY-ST-ZIP **INGLIS FL 34432**

TITLE ☒ DELETE  
NAME **T WILLIAMS, JOE**  
STREET ADDRESS **219 DAFFODILE ST.**  
CITY-ST-ZIP **INVERNESS FL**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **Ⓢ Keet, Barbara**  
6.3 STREET ADDRESS **3404 S GROVE TERRACE**  
6.4 CITY-ST-ZIP **INVERNESS FL 34450**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Roberta B Hunter*

*April 15 1998* 352 4268944

CR2E037 (10/97)