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Secretary of State

03-04-1999 90205 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H54500

CITRUS GROVE HOME OWNERS ASSOCIATION, INC.

| Principal Pla | ce of Business | Mailing Address | | | . (Selett and antit dises any seen some distriction seen seen and |
|---|--|---|------------------|-----------|---|
| 36 PALMWOO | D DRIVE | 36 PALMWOOD DRIVE | | | |
| BRADENTON FL 34208 BRADENTON FL 34208 | | | | | DO NOT WRITE IN THIS SPACE |
| US | | US | | | 3. Date Incorporated or Qualifed |
| | | | | | |
| | <u> </u> | | | <u>-</u> | |
| | Place of Business | 2a. Mailing Address | | | |
| 11 4 5 HFR. (UDO D. D.K. Suite, Apt. #, etc. | | 26 4 5 HER WOOD DR. Suite, Apt. #, etc. | | DR. | 59-2620354 Not Applicable \$8.75 Additional |
| 22 BRADENTON FL City & State | | | 27 BRADENTON FL | | 5. Certificate of Status Desired Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 34 | 308 | 28 34208 | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Country | / | This corporation owes the current year Intangible |
| 24 | 25 | 29 3 | 0 | | Personal Property Tax. ☐ Yes ☐ No |
| | 9. Name and Address of Curre | ent Registered Agent | | · | 10. Name and Address of New Registered Agent |
| | | | 81 | Name | • |
| | ANS, R.C. | | 82 | Street | t Address (P.O. Box Number is Not Acceptable) |
| 36 PALMWOOD DR | | | | | |
| Bradenton Fl 34208 | | | 83 | | |
| | | | 84 | City | ■■ 85 Zip Code |
| | | | 09 | City | FL 189 ZIP COUC |
| SIGNATURE | am familiar with, and accept the oblig | | | | e required when reinstating) DATE |
| 12. | OFFICERS A | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | [] DELETE | 1.1 TITLE | | D HOWARD JONES Dehange Addition |
| NAME | HAMILTON, LUTHER | | 1.2 NAME | | 23PALMWOOD |
| STREET ADDRES | | | 1.3 STREE | TADORESS | el - · · |
| CITY-ST-ZIP | BRADENTON FL | | 1.4 CITY-8 | ST-ZIP | BRADENTON, FL 34208 |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | KOCKER, DOTTIE | | 2.2 NAME | | • |
| STREET ADDRES | | | 2.3 STREET ADD | | s |
| CITY-ST-ZIP | BRADENTON FL | | 2. 4 CITY- | ST-ZIP | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | AUMAN, RUBY | | 3.2 NAME | | • |
| STREET ADDRES | | | 3.3 STREE | TADDRESS | s |
| CITY-ST-ZIP | BRADENTON FL | | 3.4. CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SHAFFER, LLOYD | | 4. 2 NAME | | |
| STREET ADDRES | 1 | | 4.3 STREE | T ADDRESS | s |
| CITY-ST-ZIP | BRADENTON FL | | 4.4 CITY- | ST-ZIP | |
| TITLE | D | LOELETE | 5.1 TITLE | | DALE STUTZMAN Detrange DANGER |
| NAME | EVANS, ROBERT | | 5.2 NAME | U | 4 |
| STREET ADDRES | | | 5.3 STREE | T ADDRESS | S 4SHERWOOD DR |

CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

☐ DELETE

BRADENTON FL

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4315 US 301 BLVD E

BRADENTON FL

941-745-5715 Daytime Phone #

Addition