

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005508

FILED
Apr 08, 2009
Secretary of State

Entity Name: CITRUS OAKS LANDINGS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1240 MELONTREE CT
GOTHA, FL 34734

New Principal Place of Business:

1288 MELONTREE CT
GOTHA, FL 34734

Current Mailing Address:

PO BOX 418
OCOEE, FL 34761

New Mailing Address:

PO BOX 314
GOTHA, FL 34734

FEI Number: 59-3759054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER+ POLIAKOFF PA
2500 MAITLAND CENTER PKWY SUITE 209
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SAVAGE, THURSDAY
Address: 1240 MELONTREE CT
City-St-Zip: GOTHA, FL 34734

Title: DS () Delete
Name: TEAL, JANIRA
Address: 1246 MELONTREE CT
City-St-Zip: GOTHA, FL 34734

Title: DT () Delete
Name: RIVEADENEYRA, EFRAIN
Address: 1228 MELONTREE CT
City-St-Zip: GOTHA, FL 34734

Title: D () Delete
Name: TEAL, BRADLEY
Address: 1246 MELONTREE CT
City-St-Zip: GOTHA, FL 34734

Title: D () Delete
Name: BLASKO, JOSEPH
Address: 1276 MELONTREE CT
City-St-Zip: GOTHA, FL 34734

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HERRERA, OSWALDO
Address: 1246 MELONTREE CT
City-St-Zip: GOTHA, FL 34734

Title: VP (X) Change () Addition
Name: EVELAND, WILLIAM
Address: 1270 MELONTREE CT
City-St-Zip: GOTHA, FL 34734

Title: D (X) Change () Addition
Name: COHEN, GEORGIANNA
Address: 1277 MELONTREE CT
City-St-Zip: GOTHA, FL 34734

Title: T (X) Change () Addition
Name: LEWIS, DANA M
Address: 1288 MELONTREE CT
City-St-Zip: GOTHA, FL 34734

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DANA M LEWIS

T

04/08/2009

Electronic Signature of Signing Officer or Director

Date