


# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

*Amended*

05 SEP 15 AM 7:44

<b>DOCUMENT # N01000008090</b>		
1. Entity Name CITRA HIGHLANDS HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 3002 NW 10TH STREET OCALA, FL 34475	Mailing Address POST OFFICE BOX 4201 OCALA, FL 34478
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2. Principal Place of Business 1740 E. Silver Springs Blvd	3. Mailing Address 1740 E. Silver Springs Blvd.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Ocala, Florida	City & State Ocala, Florida
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Zip 34470	Country USA	Zip 34470	Country USA
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08122005 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  TROW, CHESTER J 21 N MAGNOLIA AVE OCALA, FL 34475	7. Name and Address of New Registered Agent Name JOHN M. PLUNKETT Street Address (P.O. Box Number is Not Acceptable)  1740 E. Silver Springs Boulevard City Ocala FL Zip Code 34470
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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 	John M. Plunkett (NOTE: Registered Agent signature required when reinstating)	Sept. 12, 2005 DATE
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DLOUHY, L.E. PO BOX 4201 OCALA, FL 34478 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN M. PLUNKETT 1740 E. Silver Springs Blvd. Ocala FL 34470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DLOUHY, SHARON PO BOX 4201 OCALA, FL 34478 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KATHLEEN PLUNKETT 1740 E. Silver Springs Blvd. Ocala FL 34470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POOLE, LESLI PO BOX 4201 OCALA, FL 34478 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEVIN B. PLUNKETT 1740 E. Silver Springs Blvd. Ocala FL 34470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: 	John M. Plunkett Date 9/12/05 (352) 671-4677 Daytime Phone #
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B Mitchell SEP 15 2005