

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000008090

1. Entity Name  
CITRA HIGHLANDS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
1740 E. SILVER SPRINGS BLVD.  
OCALA, FL 34470

Mailing Address  
1740 E. SILVER SPRINGS BLVD.  
OCALA, FL 34470



04172006 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 ☐ \$8.75 Additional  
Fees Required

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

PLUNKETT, JOHN M  
1740 E. SILVER SPRINGS BLVD.  
OCALA, FL 34470

**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

1100000533879  
05/06/06-80140-015 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PLUNKETT, JOHN M  
STREET ADDRESS 1740 E. SILVER SPRINGS BLVD.  
CITY - ST - ZIP OCALA, FL 34470

TITLE VPD  
NAME PLUNKETT, KATHLEEN  
STREET ADDRESS 1740 E. SILVER SPRINGS BLVD.  
CITY - ST - ZIP OCALA, FL 34470

TITLE STD  
NAME PLUNKETT, KEVIN B  
STREET ADDRESS 1740 E. SILVER SPRINGS BLVD.  
CITY - ST - ZIP OCALA, FL 34470

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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*

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_