


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000008090 1. Entity Name CITRA HIGHLANDS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1740 E. SILVER SPRINGS BLVD. OCALA, FL 34470	Mailing Address 1740 E. SILVER SPRINGS BLVD. OCALA, FL 34470
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PLUNKETT, JOHN M 1740 E. SILVER SPRINGS BLVD. OCALA, FL 34470
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

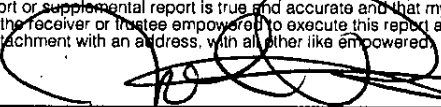
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLUNKETT, JOHN M 1740 E. SILVER SPRINGS BLVD. OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PLUNKETT, KATHLEEN 1740 E. SILVER SPRINGS BLVD. OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PLUNKETT, KEVIN B 1740 E. SILVER SPRINGS BLVD. OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/07-80009-018 61.25

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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:  **John Plunkett, Pres.** 4-19-07 (352) 671-4672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #