

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 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



03102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee 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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000358029
04/01/08-80028-015 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	

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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 #

John M. Plunkett 3-10-08 352-671-4671