


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N02000000804	
1. Entity Name CITRUS OFFICE PLAZA CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2863 S. DELANEY AVE ORLANDO, FL 32806	Mailing Address 2863 S. DELANEY AVE ORLANDO, FL 32806
---	---

DO NOT WRITE IN THIS SPACE



01312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 02-0579753	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

JANOVITZ, RICHARD H MD
2863 S. DELANEY AVE
ORLANDO, FL 32806

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STEPHENS, SAM C DR. 2863 SOUTH DELANEY AVENUE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JANOVITZ, RICHARD H M.D. 2863 SOUTH DELANEY AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD HARRISON, RAYMOND D 2863 S. DELANEY AVE ORLANDO, FL 32806
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 # _____