

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000003253

1. Entity Name
**THE CITRUS SQUARE APARTMENTS RESIDENT
ASSOCIATION INCORPORATED**



Principal Place of Business

**5625 HICKEY DR
ORLANDO, FL 32822**

Mailing Address

**5625 HICKEY DR
ORLANDO, FL 32822**



04242008 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

**SMITH, VERGIE
5625 HICKEY DR
ORLANDO, FL 32822**

Vergie S Smith

**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**

U00000950466
06/03/08-80069-010 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME SMITH, VERGIE
STREET ADDRESS 4160 JOHNS CT
CITY-ST-ZIP ORLANDO, FL 32822

TITLE V
NAME TOLAR, JOHNNIE
STREET ADDRESS 5618 HICKEY DR
CITY-ST-ZIP ORLANDO, FL 32822

TITLE S
NAME O'NEILL, MIRIAM
STREET ADDRESS 4189 LILLIAN CT
CITY-ST-ZIP ORLANDO, FL 32822

TITLE T
NAME OSORNO, NEILY
STREET ADDRESS 5657 MERRITT CT
CITY-ST-ZIP ORLANDO, FL 32822

TITLE T
NAME ROBINSON, JACQUELINE
STREET ADDRESS 4199 LILLIAN CT
CITY-ST-ZIP ORLANDO, FL 32822

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:

Vergie S Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29-08

Date

Daytime Phone #