

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **N05714** (3)
1. Corporation Name
THE CITADEL SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

9871 CITADEL LN S
27657 OLD U.S. 41 P. O. BOX 2507
BONITA SPRINGS FL 33959-9507

Mailing Address

9871 CITADEL LN S
27657 OLD U.S. 41 P. O. BOX 2507
BONITA SPRINGS FL 33959-9507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/17/1984	3a. Date of Last Report 03/21/1994
4. FEI Number 59-2504019	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

PUOPOLO, DAVID
27657 OLD U.S. 41
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LUCKEY JR, R FLOYD	1.2 NAME	
STREET ADDRESS	5164 BONITA BCH. RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	HODGES, HAROLD	2.2 NAME	
STREET ADDRESS	9871 CITADEL LN, S-107	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SWOPE, EDWARD	3.2 NAME	
STREET ADDRESS	27231 RIO VISTA CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, or on an attachment with an address.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. J. Luckey Jr
R. J. Luckey Jr

3/6/95
Date

Daytime Phone