

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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



Principal Place of Business Mailing Address  
**9871 CITADEL LN S**  
**27657 OLD U.S. 41 P. O. BOX 2507**  
**BONITA SPRINGS FL 33959-9507**

3. Date Incorporated or Qualified **10/17/1984** 3a. Date of Last Report **03/13/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>59-2504019</b>	Not Applicable
<b>22</b> City & State	<b>27</b> City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	<b>28</b> Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b> Country	<b>29</b> Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LUCKEY JR, R FLOYD</b>	
STREET ADDRESS	<b>5164 BONITA BCH. RD.</b>	
CITY - ST - ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>HODGES, HAROLD</b>	
STREET ADDRESS	<b>9871 CITADEL LN., S-107</b>	
CITY - ST - ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SWOPE, EDWARD</b>	
STREET ADDRESS	<b>27231 RIO VISTA CIR</b>	
CITY - ST - ZIP	<b>BONITA SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)