NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-29-2007 90031 013 ****61.25
N08249

DOCUMENT # N08249

1. Entity Name
RESIDENTS ASSOCIATION OF CITRUS CENTER COLONY

FILED
07 APR 16 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 06-07

2. Principal Place of Business	3. Mailing Address
1111 BEACON RD	163 PONKAN ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND FL	City & State: LAKELAND FL.
Zip: 33803 Country: POLK	Zip: 33803 Country: POLK

4. FEI Number: 59-2870544 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: BERNARD H. GENTRY
Street Address (P.O. Box Number is Not Acceptable): CLARK, CAMPBELL & MACHINNEY
500 SOUTH FLORIDA AVE SUITE 800
City: LAKELAND FL Zip Code: 33801

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: B. H. G. BERNARD H GENTRY 3-23-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended AR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P NAME GARY DOUGHTY STREET ADDRESS 205 CALAMONDIN CITY-ST-ZIP LAKELAND FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE V NAME EDWARD SZUSZ STREET ADDRESS 222 CITRONELLE CITY-ST-ZIP LAKELAND FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900098053193 04/24/07--01008--016 **61.25
TITLE S NAME PHYLLIS BURNS STREET ADDRESS 168 PONICAN ST CITY-ST-ZIP LAKELAND FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE T NAME JOHN RODGERS STREET ADDRESS 163 PONICAN ST CITY-ST-ZIP LAKELAND FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME SHIRLEY COMAN STREET ADDRESS 110 SATSUMA ST CITY-ST-ZIP LAKELAND FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4/24/07
TITLE D NAME DONNA ARCAND STREET ADDRESS 63 MANDARIN ST CITY-ST-ZIP LAKELAND FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN RODGERS 3-14-07 863-688-6887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #