

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR 17 AM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N08249

1. Corporation Name

RESIDENTS' ASSOCIATION OF CITRUS CENTER  
COLONY, INC.

2. Principal Office Address

20 Murcott ST

Suite, Apt. #, etc.

3. Mailing Office Address

682 Maitland Avenue

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Altamonte Springs, Florida

Zip

33803

Country

USA

Zip

32701

Country

USA

**REINSTATEMENT 02-03**

4. Date Incorporated or Qualified  
To Do Business in Florida

03/19/1985

5. FEI Number

592870544

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lee Jay Colling

Street Address (P.O. Box Number is Not Acceptable)

682 Maitland Avenue

400014103604

Suite, Apt. #, Etc.

03/17/03--01005--009 \*\*297.50

City

Altamonte Springs

State  
FL

Zip Code  
32701

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Lee Jay Colling*

REGISTERED AGENT MUST SIGN

Date March 6, 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Audrey Barr	106 Satsuma	Lakeland FL 33803
V	Fred Beckett	47 Murcott	Lakeland FL 33803
V	Thomas R Dufour	213 E. Thonelle	Lakeland FL 33803
S	Betty Perron	20 Murcott	Lakeland FL 33803
S	Marge Phelps	83 Satsuma	Lakeland FL 33803
T	John Rodger	1163 Punkin	Lakeland FL 33803

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Thomas R Dufour* Thomas R Dufour March 6 2003 863-682-4053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

T	DorThy Bruno	47 Murcotts	Lakeland FL 33803
D	Pat DuFour	213 Citronelle	Lakeland FL 33803
D	Arlene Knowlton	180 Calamondin	Lakeland FL 33803
D	Karyl Bergakker	170 Ponkan	Lakeland FL 33803
D	Lois Barbours	129 Rangpur	Lakeland FL 33803
D	Shirley Ooman	<del>110 SATSUMA</del>	Lakeland FL 33803
D	Donna Arcand	63 Mandarin	Lakeland FL 33803
D	Marty Doucette	47 Murcott	Lakeland FL 33803
D	Mary Mitchell	3 Tangelo	Lakeland FL 33803
D	Barb Doughty	180 Calamondin	Lakeland FL 33803
D	Marie Pawlenty	170 Ponkan	Lakeland FL 33803
D	Irene Eppers	142 Rangpur	Lakeland FL 33803
D	Lorraine Gallardo	100 Satsuma	Lakeland FL 33803
D	Peggy Hayes	78 Mandarin	Lakeland FL 33803
D	Liz Told Dahl	47 Murcott	Lakeland FL 33803