

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008791

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** CITRUS MEDICAL CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1128 KELTON AVE  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 930  
WINDERMERE, FL 34786

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALEEM, MUHAMMAD A  
1128 KELTON AVE  
OCOEE, FL 34761 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SALEEM, MUHAMMAD A  
Address: PO BOX 930  
City-St-Zip: WINDERMERE, FL 32836

Title: D  
Name: KHAN, SAMINA N  
Address: PO BOX 930  
City-St-Zip: WINDERMERE, FL 32836

Title: D  
Name: SAMY, SHAHID  
Address: 4744 KENSINGTON PARK BLVD  
City-St-Zip: ORLANDO, FL 32819

Title: D  
Name: SHAHID, SAADIA  
Address: 4744 KENSINGTON PARK BLVD  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MUHAMMAD ABRAR SALEEM

D

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date