

99 **2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90025 018 ****61.25

DOCUMENT # N10542

1. Entity Name

CITRUS POINTE OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

STERLING MANAGEMENT SERVICES
2870 SCHERER DR. N., SUITE 100
SAINT PETERSBURG FL 33716
US

STERLING MANAGEMENT SERVICES
2870 SCHERER DR. N., SUITE 100
SAINT PETERSBURG FL 33716
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-2556475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COTTERILL, RON
1010 N FLORIDA AVE
TAMPA FL 33602

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DTT ☐ Delete
NAME LINDERMAN, CHERYL
STREET ADDRESS 14018 CITRUS POINTE DR
CITY- ST- ZIP TAMPA FL 33625

TITLE D ☐ Change ☒ Addition
NAME HARMON GRINER
STREET ADDRESS 14004 Citrus Pointe Dr.
CITY- ST- ZIP TAMPA, FL. 33625

TITLE DS ☒ Delete
NAME ROSTICK, KIMBERLY
STREET ADDRESS 7606 LIMBURY CT
CITY- ST- ZIP TAMPA FL 33625

TITLE VP ☐ Change ☒ Addition
NAME MICHELE TAYLOR
STREET ADDRESS 14016 LEMIN VALLEY
CITY- ST- ZIP TAMPA, FL. 33625

TITLE V ☒ Delete
NAME HILL, ROBERT
STREET ADDRESS 13927 HENSON CIRCLE
CITY- ST- ZIP TAMPA FL 33625

TITLE D ☐ Change ☒ Addition
NAME ALICE WINNING
STREET ADDRESS 7708 Citrus Field Ct.
CITY- ST- ZIP TAMPA, FL. 33625

TITLE D ☒ Delete
NAME BRAGG, SANDY
STREET ADDRESS 14003 LEMON VALLEY CT
CITY- ST- ZIP TAMPA FL 33625

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME OVERSTREET, SUSAN
STREET ADDRESS 7611 CARACAL CT
CITY- ST- ZIP TAMPA FL 33625

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cheryl Linderman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-07
Date

8139207021
Daytime Phone #