

FILE NOW: FILING FEE IS \$61.25

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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11039** (7)
1. Corporation Name
THE CITADEL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 9845 CITADEL LANE UNIT #100 BONITA SPRINGS FL 34135	Mailing Address 9845 CITADEL LANE UNIT #100 BONITA SPRINGS FL 34135
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/11/1985	
4. FEI Number 59-2830286	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. % JOSEPH E. ADAMS, ESQ. 13515 BELL TOWER DRIVE, SUITE 101 FORT MYERS FL 33907
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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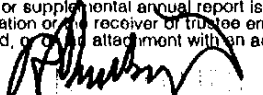
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	R. FLOYD LUCKEY, JR.
STREET ADDRESS	5164 BONITA BEACH RD.
CITY-ST-ZIP	BONITA SPRINGS FL 33923
TITLE	VPSD
NAME	KAREN VUCOVICH
STREET ADDRESS	9895 CITADEL LANE E 206
CITY-ST-ZIP	BONITA SPRINGS FL 33923
TITLE	D
NAME	JOHN PESCHIER
STREET ADDRESS	5220 BONITA BEACH ROAD #411
CITY-ST-ZIP	BONITA SPRINGS FL 33923
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	5D
1.2 NAME	Saunders, Margery
1.3 STREET ADDRESS	9871 Citadel Lane #206
1.4 CITY-ST-ZIP	Bonita Springs, Fl 34135
2.1 TITLE	V.P.
2.2 NAME	Doolley, Charles
2.3 STREET ADDRESS	9895 Citadel Ln #101
2.4 CITY-ST-ZIP	Bonita Springs, Fl 34135
3.1 TITLE	
3.2 NAME	Johnson, Clara
3.3 STREET ADDRESS	9871 Citadel Lane #108
3.4 CITY-ST-ZIP	Bonita Springs, Fl 34135
4.1 TITLE	D
4.2 NAME	Thompson Sharon
4.3 STREET ADDRESS	320 N. Adams Ave
4.4 CITY-ST-ZIP	Buffalo, WY 82834
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 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 in an attachment with an address.

SIGNATURE:  _____

CR2ED37 (10/97)