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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

DOCUMENT # **N11039** **(7)**

1. Corporation Name

THE CITADEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9845 CITADEL LANE UNIT #100 BONITA SPRINGS FL 34135	9845 CITADEL LANE UNIT #100 BONITA SPRINGS FL 34135

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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	R. FLOYD LUCKEY, JR.		1.2 NAME	Saunders Margery	
STREET ADDRESS	5164 BONITA BEACH RD.		1.3 STREET ADDRESS	9871 Citadel Lane #206	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		1.4 CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	VPSD	☒ DELETE	2.1 TITLE	VP-D	☐ Change ☒ Addition
NAME	KAREN VUCOVICH		2.2 NAME	Dooley Charles	
STREET ADDRESS	9895 CITADEL LANE E 206		2.3 STREET ADDRESS	9895 Citadel Ln #101	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		2.4 CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	D	☒ DELETE	3.1 TITLE	Johnson Clara (D)	☐ Change ☒ Addition
NAME	JOHN PESCHIER		3.2 NAME		
STREET ADDRESS	5220 BONITA BEACH ROAD #411		3.3 STREET ADDRESS	9871 Citadel Lane #108	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		3.4 CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	Thompson Sharon	
STREET ADDRESS			4.3 STREET ADDRESS	320 N. Adams Ave	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Buffalo, Wy 82834	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 the 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 added attachment with an address.

SIGNATURE: _____