

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N11039 1. Entity Name THE CITADEL CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business. CITADEL LANE BONITA SPRINGS, FL 34135	Mailing Address 9845 CITADEL LANE BOX 100 BONITA SPRINGS, FL 34135
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DO NOT WRITE IN THIS SPACE



02152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2830286	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LUCKEY, R. FLOYD 5164 BONITA BEACH ROAD BONITA SPRINGS, FL 34134

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

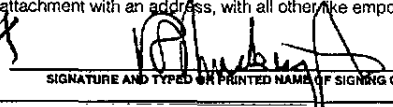
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCKEY, R. FLOYD JR P.O. BOX 2472 BONITA SPRINGS, FL 34133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LA CORTE, NATHAN 1410 TIFFANY LANE #2504 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPBELL, CAMMILA 9820 CITADEL LANE, #105 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCKEY, BARBARA P.O. BOX 2472 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURCELL, WILLIAM 26330 SUMMER GREENS DRIVE BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, SHARON 9845 CITADEL LANE #108 BONITA SPRINGS, FL 34135

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02/22/05-80009-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	2/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #