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.

Principal Place of Business	Mailing Address
CITADEL LANE BONITA SPRINGS, FL 34135	9845 CITADEL LANE BOX 100 BONITA SPRINGS, FL 34135

02152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LUCKEY, R. FLOYD JR
STREET ADDRESS	P.O. BOX 2472
CITY-ST-ZIP	BONITA SPRINGS, FL 34133
TITLE	VTD
NAME	LA CORTE, NATHAN
STREET ADDRESS	1410 TIFFANY LANE #2504
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	SD
NAME	CAMPBELL, CAMMILA
STREET ADDRESS	9820 CITADEL LANE, #105
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D
NAME	LUCKEY, BARBARA
STREET ADDRESS	P.O. BOX 2472
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D
NAME	PURCELL, WILLIAM
STREET ADDRESS	26330 SUMMER GREENS DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D
NAME	THOMPSON, SHARON
STREET ADDRESS	9845 CITADEL LANE #108
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

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02/22/05-80009-024 61.25

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12. 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 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 #