2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State
01-17-2008 90021 046 ****61.25

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

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01112008 No Chg-NP CR2E037 (4/06)

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

FOX, ANDREA
8231 GRAND PALM DRIVE #4
FORT MYERS, FL 33912

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PELLETIERE, MICHELLE DR
STREET ADDRESS	9871 CITADEL LANE #207
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	TD
NAME	BAUM, JOHN
STREET ADDRESS	9820 CITADEL LANE #201
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	SD
NAME	KRAYAKI, JOANNE
STREET ADDRESS	9871 CITADEL LANE #204
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D
NAME	CAMPBELL, CAMILLA
STREET ADDRESS	9820 CITADEL LANE #102
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D
NAME	PENNINGTON, KEN
STREET ADDRESS	9820 CITADEL LANE #105
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D
NAME	ZWIEBACK, OWEN
STREET ADDRESS	9871 CITADEL LANE #101
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR