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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21239 (1)**

1. Corporation Name  
**ROYAL OAKS OF CITRUS HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business P. O. BOX 969 INVERNESS FL 34451-7969	Mailing Address P. O. BOX 969 INVERNESS FL 34451-7969
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/22/1987</b>	3a. Date of Last Report <b>05/26/1994</b>
4. FEI Number <b>59-2826048</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GERRITS, EDWARD J., II**  
**3288 E THOMAS ST**  
**INVERNESS FL 32650**

10. Name and Address of New Registered Agent

81 Name <b>Gerrits, Joan M.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>9478 W. Marquette Lane</b>
83
84 City <b>Crystal River</b>
85 Zip Code <b>FL 34428</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WALKER, PATRICK</b> <b>1908 W. MAIN ST., P.O. BOX 969</b> <b>INVERNESS FL 34451</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GERRITS, EDWARD J, II</b> <b>3288 E THOMAS ST</b> <b>INVERNESS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HAYNES, SHIRLEY A.</b> <b>3288 E THOMAS ST</b> <b>INVERNESS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D</b> <b>Gerrits, Joan M.</b> <b>9478 W. Marquette Lane</b> <b>Crystal River, FL. 34428</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>S/I/D</b> <b>9478 W. Marquette Lane</b> <b>Crystal River, FL. 34428</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>S/I/D</b> <b>9478 W. Marquette Lane</b> <b>Crystal River, FL. 34428</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: Shirley A. Haynes Shirley A. Haynes 3/1/95 904-726-0317  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #