

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 Mailing Address
P. O. BOX 969 INVERNESS FL 34451-7969 P. O. BOX 969 INVERNESS FL 34451-7969

3. Date Incorporated or Qualified **06/22/1987** 3a. Date of Last Report **03/10/1995**

2. Principal Place of Business 21 2424 N. ESSEX AVE.	2a. Mailing Address 26 2424 N. ESSEX AVE.	4. FEI Number 59-2826048	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State HERNANDO, FLORIDA	28 City & State HERNANDO, FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 34442	25 Country CITRUS	29 Zip 34442	30 Country CITRUS
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

GERRITS, EDWARD J., II
9478 W. MARQUETTE LANE
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

81 Name **ALVAH L. COX, JR., CPA, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable) **2424 N. ESSEX AVE.**
83
84 City **HERNANDO** FL 85 Zip Code **34442**

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 *Alvah L. Cox, Jr.* **ALVAH L. COX, JR.** DATE **3/21/96**

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GERRITS, JOAN M
STREET ADDRESS	9478 W. MARQUETTE LANE
CITY-ST-ZIP	CRYSTAL RIVER FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	GERRITS, EDWARD J. II
STREET ADDRESS	9478 W. MARQUETTE LANE
CITY-ST-ZIP	CRYSTAL RIVER FL
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	HAYNES, SHIRLEY A.
STREET ADDRESS	9478 W. MARQUETTE LANE
CITY-ST-ZIP	CRYSTAL RIVER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ARMAND FREDETTE
1.3 STREET ADDRESS	3554 S. BELGRAVE DR.
1.4 CITY-ST-ZIP	INVERNESS, FL 34452
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT SCHULTHEIS
3.3 STREET ADDRESS	6781 E. KINGSBURY LANE
3.4 CITY-ST-ZIP	INVERNESS, FL 34452
4.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MIKE CHOMA
4.3 STREET ADDRESS	6806 E. QUEENSBURY LANE
4.4 CITY-ST-ZIP	INVERNESS, FL 34452
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHN HORVATH
5.3 STREET ADDRESS	6851 E. DOWNING STREET
5.4 CITY-ST-ZIP	INVERNESS, FL 34452
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BETTY SEDDON
6.3 STREET ADDRESS	3318 S. BELGRAVE
6.4 CITY-ST-ZIP	INVERNESS, FL 344

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: X **MICHAEL CHOMA** X **3/18/96** X **726-9832**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)

CORPORATE FILING REPORT

#13 CONTINUED

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ADDITION

D
MAY IVerson
6848 E. ROYAL CRESCENT ST.
INVERNESS, FL 34452