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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 2424 N. ESSEX DRIVE HERNANDO FL 34442 US	Mailing Address 2424 NORTH ESSEX AVENUE HERNANDO FL 34442-5320 US
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3. Date Incorporated or Qualified 06/22/1987	3a. Date of Last Report 03/26/1996
4. FEI Number 59-2826048	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**ALVAH L. COX JR. CPA PA
2424 N. ESSEX AVENUE
HERNANDO FL 34442**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FREDETTE, ARMAND	
STREET ADDRESS	3554 S BELGRAVE DRIVE	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERRITS, EDWARD J, II	
STREET ADDRESS	9478 W. MARQUETTE LANE	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCHULTHEIS, ROBERT	
STREET ADDRESS	6781 E. KINGSBURY LANE	
CITY-ST-ZIP	INVERNESS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CHOMA, MIKE	
STREET ADDRESS	6806 E QUEENSBURY LANE	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HORVATH, JOHN	
STREET ADDRESS	6851 E. DOWNING STREET	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEDDON, BETTY	
STREET ADDRESS	3318 S BELGRAVE	
CITY-ST-ZIP	INVERNESS FL	

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	KLOTZBUCHER, ROBERT	
1.3 STREET ADDRESS	3526 S. BELGRAVE DR.	
1.4 CITY-ST-ZIP	INVERNESS FL 34452	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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* MICHAEL CHOMA 3/4/97 352-746-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0085185

CR2E037 (9/96)