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**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90123 047 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21239**

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 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/22/1987	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		

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

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 \_\_\_\_\_ 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	PD	<input type="checkbox"/> DELETE
NAME	TOFT, RON	
STREET ADDRESS	6682 E. KINGSBURY LANE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GERRITS, EDWARD J, II	
STREET ADDRESS	9478 W. MARQUETTE LANE	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRADDOCK, BOB	
STREET ADDRESS	3517 S. BELGRAVE DR	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	CHOMA, MIKE	
STREET ADDRESS	6806 E QUEENSBURY LANE	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICH, MARGE	
STREET ADDRESS	3325 S. BELGRAVE DR	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVIS, WILLIAM	
1.3 STREET ADDRESS	3518 S. BELGRAVE DR.	
1.4 CITY-ST-ZIP	INVERNESS FL 34452	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GARY QUEEN	
2.3 STREET ADDRESS	2915 STATE RD 590, STE 21	
2.4 CITY-ST-ZIP	CLEARWATER, FL 33759	
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 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, with all other like empowered.

SIGNATURE: *William Davis* **REQUIRED** X 2-20-99 X 352-637-5838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)