

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N21239**

1. Entity Name

**ROYAL OAKS OF CITRUS HOMEOWNERS ASSOCIATION, INC**

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90188 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2424 N. ESSEX DRIVE  
 HERNANDO FL 34442  
 US

2424 NORTH ESSEX AVENUE  
 HERNANDO FL 34442-5320  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2826048**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOFT, RON	
STREET ADDRESS	6682 E. KINGSBURY LANE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	QUEEN, GARY	
STREET ADDRESS	2915 STATE RD 590 STE 21	
CITY-ST-ZIP	CLEARWATER FL 33759	
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	DAVIS, WILLIAM	
STREET ADDRESS	3518 S BELGRAVE DR	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input checked="" 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		

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCIS DUPONTE	
STREET ADDRESS	3574 S BELGRAVE DR.	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHLEEN REICHLER	
STREET ADDRESS	3885 S. BELGRAVE DR.	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Francis Duponte* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **FRANCIS DUPONTE** Date **2/19/00** Daytime Phone # **352-726-0605**

CR2E037 (9/99)