


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90068 026 ****61.25

DOCUMENT # N21239
1. Entity 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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2826048**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**TRINGALI, MICHAEL
JOSEPH & COMPANY CPA'S, INC,
2450 N CITRUS HILLS BLVD
HERNANDO FL 34442**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLOTZBUECHER, ROBERT 3526 S.BOLGRAVE DR INVERNESS FL 34452	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BENTZ, ROBERT W 3714 S. BELGRAIE DR. INVERNESS FL 34452	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, HAROLD 3599 S. BEIGRAVE DR. INVERNESS FL 34452	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEDDON, BETTY 3318 S. BELGRAVE DR. INVERNESS FL 34452	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEHNEL, CAROLYN 6730 E WAYBRIDGE CT. INVERNESS FL 34452	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gerald Thompson 6805 E. DOWNING ST. INVERNESS, FL 34452	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SUE REXFORD 3343 S. Royal Oaks Dr. INVERNESS, FL 34452	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY DOMINO 3329 S. HIGHGATE PT. INVERNESS, FL 34452	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHIRLEY FEDERICO 6743 E. KINGSBURY LN. INVERNESS, FL 34452	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Suzanne L. Rexford* **Suzanne L. Rexford** 352-3416269
Date _____ Daytime Phone # _____