

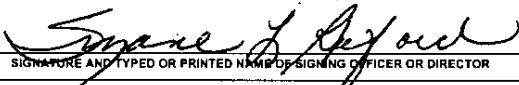


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90038 005 ****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		<p style="font-size: 2em; text-align: center;">60019222</p> 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2826048	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TRINGALI, MICHAEL JOSEPH & COMPANY CPA'S, INC. 2450 N CITRUS HILLS BLVD HERNANDO, FL 34442				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLOTZBUECHER, ROBERT		NAME	PATRICK O'BLOCK	
STREET ADDRESS	3526 S.BOLGRAVE DR		STREET ADDRESS	6699 E KINGSBURY LANE	
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, GERALD		NAME	MARINUS UET	
STREET ADDRESS	6805 E. DOWNING ST		STREET ADDRESS	6832 E ROYALCRES STREET	
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REXFORD, SUE		NAME	ROBERT COURIC	
STREET ADDRESS	3343 S. ROYAL OAKS DR		STREET ADDRESS	6740 E. KINGSBURY LANE	
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMINO, ANTHONY		NAME	CURTIS WATROUSE	
STREET ADDRESS	3329 S. HIGHGATE PT		STREET ADDRESS	3578 S. BELGRAVE DRIVE	
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEDERICO, SHIRLEY		NAME		
STREET ADDRESS	6743 E. KINGSBURY LANE		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2/7/06					