2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21239

FILED Feb 11, 2009 Secretary of State

Entity Name: ROYAL OAKS OF CITRUS HOMEOWNERS ASSOCIATION, INC.

RNANDO rrent Ma 12 N ESS RNANDO	SEX AVE O, FL 34442 Ailing Address SEX AVE	US s:			
I2 N ESS RNAND	_	s:			
RNAND	SEX AVE		New Mailir	New Mailing Address:	
Number: \$	2412 N ESSEX AVE HERNANDO, FL 34442 US				
	59-2826048	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
me and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
12 N ESS RNAND e above r	OMMUNITY M SEX AVE O, FL 34442 I	US	irpose of changing it	s registered office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			\ +	Data	
FIGERS				Date	
FICERS	AND DIRECT	UKS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
e: ne: ress: r-St-Zip:	PD () WATROUSE, CU 3578 S BELGRA INVERNESS, FL	IVE DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
e: ne: ress: r-St-Zip:	D () WILLIAMS, PAU 3330 S BERGRA INVERNESS, FL	AVE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
e: ne: ress: -St-Zip:	VPD () FEDERICO, SHI 6743 E KINGSB INVERNESS, FL	URY LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
e: ne: ress: r-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	STD () Change (X) Addition WING, JONNA 3770 S BELGRAVE DR INVERNESS, FL 34452	
e: ne: ress:	()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition COURIC, ROBERT 6740 E KINGSBURY LN INVERNESS, FL 34452	
e: ne:	()	Delete	Title: Name: Address:	D COL 674	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONNA WING STD 02/11/2009