


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N23457 (7) 1. Corporation Name THE VILLAS OF CITRUS SPRINGS, INC.					
Principal Place of Business 9416 N. GENTLE BREEZE LOOP CITRUS SPRINGS DUNNELLON FL 34434			Mailing Address 11223-132 N. WILLIAMS STREET CITRUS SPRINGS, DUNNELLON FL 34432 <i>Same as Principal place of Business.</i>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 11/13/1987 3a. Date of Last Report 09/24/1996 4. FEI Number APPLIED FOR 65-0696109 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent SCHMIDT, ROBERT 11223-132 N. WILLIAMS STREET CITRUS SPRINGS, DUNNELLON FL 34432			10. Name and Address of New Registered Agent 81 Name Robert Schmidt 82 Street Address (P.O. Box Number is Not Acceptable) 9416 N. Gentle Breeze Loop 83 84 City Citrus Springs, FL 85 Zip Code 34434		
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 <i>Robert L. Schmidt</i> <i>Robert L. Schmidt</i> 4-29-97 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when (re)appointing)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input type="checkbox"/> DELETE NAME SCHMIDT, ROBERT STREET ADDRESS 11223-132 N. WILLIAMS STREET CITY-ST-ZIP CITRUS SPRINGS, DUNNELLON FL 34432			1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME SCHMIDT, Robert 1.3 STREET ADDRESS 9416 N. Gentle Breeze Loop 1.4 CITY-ST-ZIP Citrus Springs, Fl. 34434		
TITLE VD <input type="checkbox"/> DELETE NAME GREINER, MARK T STREET ADDRESS 10864 ADVENTURE LANE CITY-ST-ZIP CINCINNATI OH 45242			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE STD <input type="checkbox"/> DELETE NAME SCHMIDT, MARIA STREET ADDRESS 11223-132 N. WILLIAMS STREET CITY-ST-ZIP CITRUS SPRINGS, DUNNELLON FL 34432			3.1 TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Schmidt, Maria 3.3 STREET ADDRESS 9416 N. Gentle Breeze Loop. 3.4 CITY-ST-ZIP Citrus Springs, Fl. 34434		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 do 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. SIGNATURE: <i>Robert L. Schmidt</i> 4-29-97 (352) 489-5539 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0065108</small>					



CR2E037 (9/96)