

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24902

FILED
Apr 18, 2004
Secretary of State**Entity Name:** CITRUS POINT HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**7058 CITRUS POINT CT.
WINTER PARK, FL 327927563 US**New Principal Place of Business:****Current Mailing Address:**7058 CITRUS POINT CT.
WINTER PARK, FL 327927563 US**New Mailing Address:****FEI Number:** 59-2890531**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HALL, MAUREEN
7010 CITRUS POINT CT.
WINTER PARK, FL 32792 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: HALL, MAUREEN
Address: 7010 CITRUS POINT CT.
City-St-Zip: WINTER PARK, FL 32792 US**Title:** VP () Delete
Name: PHILLIPS, LEONARD H
Address: 7017 CITRUS POINT CT.
City-St-Zip: WINTER PARK, FL 32792 US**Title:** P () Delete
Name: HARRIS, JEFFREY S
Address: 7009 CITRUS POINT CT.
City-St-Zip: WINTER PARK, FL 32792 US**Title:** D () Delete
Name: STUFF, ALFRED O
Address: 7005 CITRUS POINT CT.
City-St-Zip: WINTER PARK, FL 32792 US**Title:** S () Delete
Name: PHILLIPS, JENNIFER L
Address: 7017 CITRUS POINT CT.
City-St-Zip: WINTER PARK, FL 32792 US**Title:** T () Delete
Name: HILBORN, ROBERT L
Address: 7058 CITRUS POINT CT.
City-St-Zip: WINTER PARK, FL 32792 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** P (X) Change () Addition
Name: POLINO, STEVE
Address: 7035 CITRUS POINT CT.
City-St-Zip: WINTER PARK, FL 32792 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT L. HILBORN

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04/18/2004

Electronic Signature of Signing Officer or Director

Date