2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29358

FILED Apr 19, 2009 Secretary of State

Entity Name: ROYAL OAKS CONDOMINIUM ASSOCIATION OF CITRUS COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

3373 S. ROYAL OAKS ROAD 3373 S. ROYAL OAKS DRIVE INVERNESS, FL 34450 US INVERNESS, FL 34452 US

Current Mailing Address: New Mailing Address:

P.O. BOX 2143

INVERNESS, FL 34451 US

FEI Number: 59-2924550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JARLENSKI & COMPANY, LLC 149 N GOLF HARBOR PATH INVERNESS, FL 34450 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: VP (X) Change () Addition Name: KRUEGER, ROBERT VP (X) Change () Addition Name: KRUEGER, ROBERT

Address: 3373 SOUTH ROYAL OAKS DR SUITE 15-3 Address: 3373 SOUTH ROYAL OAKS DR SUITE 15-3

City-St-Zip: INVERNESS, FL 34450 City-St-Zip: INVERNESS, FL 34452

Title: P () Delete Title: P (X) Change () Addition

Name: CRAWFORD, JUDY Name: CRAWFORD, JUDY

Address: 3373 S. ROYAL OAKS DRIVE Address: 3373 S. ROYAL OAKS DRIVE 15-5

City-St-Zip: INVERNESS, FL City-St-Zip: INVERNESS, FL 34452

 $\label{eq:title:start} \mbox{Title:} \qquad \mbox{ST} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{ST} \qquad \mbox{(X) Change () Addition}$

Name: ROSE, LONG Name: ROSE, LONG

Address: 3373 SOUTH ROYAL OAKS DR Address: 3373 SOUTH ROYAL OAKS DR 15-4

City-St-Zip: INVERNESS, FL 34450 US City-St-Zip: INVERNESS, FL 34452 US

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: JUDY CRAWFORD P 04/19/2009